

MATERIAL REVIEWED AT CIA HEADQUARTERS BY
HOUSE SELECT COMMITTEE ON ASSASSINATIONS STAFF MEMBERS

SECRET

FILE TITLE/NUMBER/VOLUME: TANASOFF, Arna

INCLUSIVE DATES: 9/4/56 to 9/18/63

CUSTODIAL UNIT/LOCATION: Office of Personnel

ROOM: 5E/3

DELETIONS, IF ANY:

NO DOCUMENTS MAY BE COPIED OR REMOVED FROM THIS FILE

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TARASOFF, ANNA

TARASOFF, ANNA - J-25935 D

14-00000

28 March 1957

Mrs. Anna Tarasoff
2819 Gainesville Street, S. E., Apt. 202
Washington, D. C.

Dear Mrs. Tarasoff:

We wish to inform you that the preliminary processing of your application has been accomplished and that you may enter on duty immediately on a temporary basis at Grade GS-4, salary \$1415.00 per annum as Clerk.

Your temporary appointment will be subject to taking an oath of office, signing a loyalty affidavit, and completing a medical examination which will include determination of physical health and emotional stability. If you enter on duty based on this preliminary processing, you will be assigned to the Interim Assignment Section pending the completion of the full processing and a final security interview. The Interim Assignment Section is a "pool" where you will be doing clerical work of a routine nature. Should anything of an unfavorable nature arise during this period, your employment will not result in a permanent appointment; otherwise you then will be placed on duty in the position for which employed.

If you are interested in this temporary position please call Mrs. [redacted] on Executive 3-6115, extension 2781, as soon as possible to advise her of the exact date you will report. We would appreciate your selecting a Monday. You may prefer to await the completion of the full processing which will require about 80 to 90 more days. In any event we would appreciate your calling Mrs. [redacted] promptly and informing her of your plans. In the meantime, it is requested that you submit three passport-size photographs of yourself as soon as possible.

Please report to the Receptionist at Curie Hall at 8:15 a.m. and ask for Mrs. [redacted] on the reporting-for-duty date that you establish with this office. Curie Hall is located at the intersection of 23rd Street, Independence Avenue and Ohio Drive, S.W., with entrance on Ohio Drive.

Employees of this Agency are entitled to the regular United States Government leave and retirement benefits.

The gross salary quoted will be subject to deductions for Federal income tax and 6½ percent for the United States Civil Service Retirement Fund. In addition, the benefits of low-cost group life insurance are available to Federal civilian employees. The enclosed pamphlet outlines the features of the program and lists the amount which will be deducted from your salary each pay period for this term insurance. This insurance is not obligatory. However, if you do not wish coverage, which is automatic, you should sign a Waiver of Life Insurance Coverage form at the time you enter on duty.

You will not receive a pay check for approximately four weeks after you enter on duty.

If you have any problems, Mrs. [] will be glad to discuss them with you when you call.

Very truly yours,

G. M. Stewart
Director of Personnel

Enclosures (2)
Life Insurance Pamphlet
Map

OP/CURRE:bjS(FXXXX (PI)

CONFIDENTIAL

CLERICAL & COMMUNICATIONS REPORT OF INTERVIEW		DATE AND PLACE OF INTERVIEW 2-5 and 2-12-57	CLEARANCE REQUESTED <input type="checkbox"/> FULL <input type="checkbox"/> PROVISIONAL	
SOURCE Husband; agency employee		AVAILABILITY DATE INDICES CLEARANCE REQUESTED		
NAME (Last - First - Middle) TARASOFF, Anna NMT	MARITAL STATUS M; 2 children F	SEX	DATE OF BIRTH 5-5-23	
PERMANENT ADDRESS 2619 Gainesville Street S.E., Washington, D.C. (Apartment 202)		TELEPHONE LU 4-1300		
TEMPORARY ADDRESS		TELEPHONE		
POSITION RECOMMENDED (Grade and Title) GS-4 Clerk		TEST SCORES		
		L.A.S.	TYPING	SHORTHAND
		SILE		OTHER
ACCEPTABLE STATION		CITIZENSHIP		
<input checked="" type="checkbox"/> WASHINGTON, D.C. <input type="checkbox"/> ANYWHERE IN U.S. <input type="checkbox"/> OVERSEAS (Under conditions stipulated) LIMITATIONS o/s per husband's assignments		<input checked="" type="checkbox"/> U.S. BY BIRTH <input type="checkbox"/> U.S. BY NATURALIZATION DATE <small>PREVIOUS NATIONALITY _____</small> <input type="checkbox"/> OTHER (Specify)		
HEALTH Generally good		FOREIGN RELATIVES No 20-210 claimed		
BACKGROUND AND EVALUATION				
MILITARY SERVICE, IF ANY (Primary and duty MOS and length of time in each, training, dates of entrance and discharge, areas visited).				
INDICES CLEARANCE <input checked="" type="checkbox"/> R-10 SO / S9 IC Medical				
EVALUATION AND BACKGROUND DATA (Include education and work experience)				
<p>Mrs Taraseff is the wife of Boris Taraseff, FBI employee. She first made application shortly after her husband's EOD while she and the children were still in California. Attempts to have her tested and interviewed on the West Coast were unsuccessful.</p> <p>The family is all now gathered in D.C.; the children are in school; arrangements have been made for the care of the children during the lags between the end of the school day and the end of the parents work day.</p> <p>Test results are very interesting. It would appear that Mrs. Tarasoff should be able to do a most adequate job in a clerical job of the most deadly routine nature. I'm quite sure such positions are available in the Agency.</p> <p>Mrs. Taraseff apparently has a reasonably good command of Russian, both spoken and written; I gathered that some of the household conversation is carried on in that language. HOWEVER, I gave her absolutely no assurance that we would be able to utilize this skill.</p> <p>She is interested in employment as soon as possible and I discussed an Indices Clearance with her. The Pool, the temporary indefinite appointment, et al., were described in lurid detail. She is willing and interested.</p> <p>Personally, I found Mrs. Taraseff to be a very pleasant little woman. She is slight and slender with reddish hair; smiles easily and appears as easy to work with, GS-4 Clerk agreeable and recommended.</p>				
INDICES CLEARANCE REQUESTED NOTES CLEARANCE <input type="checkbox"/> COUNTERSIGNATURE ON REVERSE SIDE				
DATE REPORT AND FORMS FORWARDED TO HEADQUARTERS 1-10-58 / S9 IC		RECRUITER D.L. Mooney, Ch/C, PPD/OP		

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(When Filled In)

EMPLOYMENT INFORMATION

After my discussion with the field representative, I wish to acknowledge the existence of the following conditions of employment:

A. Qualifications:

- (1) Upon my arrival in Washington I understand I will be tested to determine (a) my general aptitude; (b) my typing skill if I am being considered for a typing position, the minimum standards for which are 40 words per minute net speed; (c) my stenographic skill if I am being considered for a stenographic or secretarial position, the minimum standards for which are 80 words per minute accurate transcription with at least 40 words per minute net typing speed.
- (2) I understand that should I fail to meet the minimum standards as outlined above I will be given an opportunity to receive refresher training. As soon as I am able to meet the prescribed standards I will then be assigned to a position within the organization. If, within a reasonable period of time, I should fail to meet the minimum skills requirements, I understand that I will be assigned to a position not requiring specific skills if such a position exists. (For example: An individual initially selected as a Clerk-Typist who is not able to qualify fully as a typist would be assigned to any available clerical position.)

B. Initial Placement:

I understand there are initial placement procedures, including the testing and refresher training outlined above, that may require a period of several weeks before I am given my specific job assignment. I have had explained to me the operations of the interim assignment group where I may expect to receive the testing and refresher training mentioned and where I will work pending my specific job assignment.

C. Overseas Possibilities:

- (1) I have not been promised an overseas assignment. I understand I must demonstrate fully my abilities while on a Washington, D.C. assignment after which I may be considered for whatever positions may exist for which I am qualified. The decision to assign me to an overseas post rests with responsible individuals in the Washington office.
- (2) I understand that from past experience of the organization I may expect to remain on a Washington assignment from 1½ to 2 years before I may be considered for an overseas post.
- (3) I understand that overseas assignments in the clerical and general administrative categories require, for most positions, typing and stenographic skills.

D. General:

I understand that any eventual assignment to a professional type position, if I am qualified for such by specific education, training, or experience, will depend upon the existence of a suitable vacancy and that no promises to the contrary have been made to me."

Date: February 17, 1957

Anne T. [Signature]

Signature of Applicant

FORM NO. 894
1 JAN 56

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14-00000

CENTRAL INTELLIGENCE AGENCY
WASHINGTON 25, D. C.

Applicant Information
Sheet No. 1

To all persons applying for employment
with the Central Intelligence Agency:

This paper is the first step in applying for employment or consultant
status with the Central Intelligence Agency. No application may proceed
beyond this first step if the applicant is not in agreement with the
conditions stated below:

General Considerations:

1. The National Security Act of 26 July 1947 (Public Law 253, 80th
Congress) which created the Central Intelligence Agency places upon the
Agency the responsibility:

a. "to advise the National Security Council in matters concerning
such intelligence activities of the Government departments and agencies
as relate to the national security;

b. "to make recommendations to the National Security Council
for the coordination of such intelligence activities of the depart-
ments and agencies of the Government as relate to the national
security;

c. "to correlate and evaluate intelligence relating to the
national security, and provide for the appropriate dissemination
of such intelligence within the Government . . . ;

d. "to perform, for the benefit of the existing intelligence
agencies, such additional services of common concern as the National
Security Council determines can be more efficiently accomplished
centrally;

e. "to perform such other functions and duties related to
intelligence affecting the national security as the National Security
Council may from time to time direct."

14-00000

The special character of this national responsibility requires the Agency to maintain correspondingly special employment criteria which may be different from the routine or normal employment standards of other Government departments and agencies which do not have the highly sensitive responsibility borne by the Central Intelligence Agency. It follows that the investigation of applicants prerequisite to their acceptance is a time-consuming process which, in addition to loyalty and security checks, includes evaluation of competence, physical and emotional fitness, and availability of a suitable position at such time as employment may be offered. This is called "clearance" of an applicant.

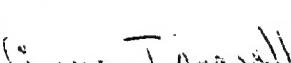
2. Investigation of an applicant may reveal something which prevents his clearance - perhaps something of which the applicant is genuinely unaware, perhaps something which only the special employment criteria of the Agency make unacceptable. In any event, adverse findings by the Agency are conclusive and final so far as the Agency is concerned, and no statement of specific reasons is made to the applicant.

3. Employment by the Central Intelligence Agency is not a right upon which an applicant can insist. Offer of employment which is subject to full clearance does not constitute a commitment on the Agency's part giving an unsuccessful applicant grounds for any claim against the Agency. Acceptance of employment upon the condition of clearance is at the applicant's risk, taken with the knowledge that a very substantial percentage of applicants are not cleared.

Statement of Understanding
and Agreement

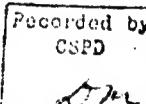
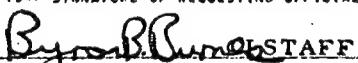
I have read, understand, and agree to the foregoing General Considerations. If not accepted for employment by the Central Intelligence Agency, I will make no claim or demand in conflict with those considerations.

I have also seen and read Applicant Information Sheet No. 2.


(Signature of Applicant)

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 6 September 1963	
1. SERIAL NUMBER 025935	2. NAME (Last-First-Middle) TARASOFF, ANNA						
3. NATURE OF PERSONNEL ACTION RESIGNATION (FROM LWOP)			4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 9 8 63		5. CATEGORY OF EMPLOYMENT REGULAR		
6. FUNDS 		V V v TO V CF TO V	V TO CF CF TO CF	7. COST CENTER NO. CHARGEABLE 4227-1990-1000		8. LEGAL AUTHORITY (Completed by) Office of Personnel	
9. ORGANIZATIONAL DESIGNATIONS DDP CI STAFF CS/CS/ DEVELOPMENT COMPLEMENT			10. LOCATION OF OFFICIAL STATION WASHINGTON, D.C.				
11. POSITION TITLE INTELLIGENCE CLERK			12. POSITION NUMBER #9997		13. CAREER SERVICE DESIGNATION D		
14. CLASSIFICATION SCHEDULE (GS, LS, etc.) GS		15. OCCUPATIONAL SERIES 0301.27		16. GRADE AND STEP GS-6 4		17. SALARY OR RATE \$ 5545	
18. REMARKS FROM: DDP/CI STAFF/CS/CS/DEVELOPMENT COMPLEMENT/ INTELLIGENCE CLERK/WASH., D.C./# 9997							
<p>Memorandum of Resignation attached cc to Security & Finance</p> <p>Subject is re-employable in the opinion of CI Staff</p> <div style="text-align: right; margin-right: 100px;">  <p><i>J.M.</i></p> </div>							
18A. SIGNATURE OF REQUESTING OFFICIAL 			DATE SIGNED 6/9/63		18B. SIGNATURE OF CAREER SERVICE APPROVING DATE SIGNED 13 Sept 63		
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. AUTH. CODES, EMP. ST. CODE	21. OFFICE CODES	22. STATION CODE	23. INTERSTATE CODE	24. HOD/DR	25. DATE OF BIRTH	26. DATE OF DEPT	27. DATE OF LET
43 19	NUMERIC ALPHABETIC			/	MO. DA. YR. 05 05 123	MO. DA. YR.	MO. DA. YR.
28. R.R. EXP. RES.	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA	33. SECURITY REG. NO.		
NO. DA. YR.		1 - CSC 2 - FICA 3 - NONE	CODE	TYPE	MO. DA. YR.	MO. DA. YR.	MO. DA. YR.
35. VET. PREFERENCE	36. SERV. COMP. DATE	37. LONG. COMP. DATE	38. CAREER CATEGORY	39. FEGL / HEALTH INSURANCE	40. SOCIAL SECURITY NO.		
CODE	MO. DA. YR.	MO. DA. YR.	CAR/RESW PROV/TEMP	CODE	CODE	U - WAIVER I - YES	CODE
41. PREVIOUS GOVERNMENT SERVICE DATA	42. LEAVE CAT. CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA				
CODE		FORM EXECUTED 1 - YES 2 - NO	NO. YRS EXEMPTIONS	FORM EXECUTED 1 - YES 2 - NO	CODE	NO. YRS EXEMPTED	STATE CODE
45. POSITION CONTROL CERTIFICATION <i>1956</i>				46. O.P. APPROVAL <i>E.O. Daugherty E.O. Battalat</i>		DATE APPROVED <i>26 Sept 63</i>	

SECRET

(When Filled In)

EMPLOYEE NOTICE OF RESIGNATION**I RESIGN EFFECTIVE****OFFICE OF PERSONNEL**

(Date)

SEP 17 1 55 PM '63

MAIL ROOM

From L W O -
cc. husband*Enclosed memo.*

MY LAST WORKING DAY WILL BE	DATE SIGNED	SIGNATURE OF EMPLOYEE
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FORWARD COMMUNICATIONS, INCLUDING SALARY CHECKS AND BONDS, TO THE FOLLOWING ADDRESS (Number, Street, City, Zone, State)

INSTRUCTIONS

Items 1 thru 7 and **Items 9 thru 18a** - The initiating office should fill in each of the referenced items. Items 3 thru 7 and 9 thru 18 require information which pertains only to the action requested, and NOT to the current status of the employee unless specific items remain unchanged.

Item 5 - "Category of Employment" should show one of the following entries:

Regular	Summer	WAE
Part Time	Detail Out	Consultant
Temporary	Detail In	Military
Temporary - Part Time		

Item 9 - "Organizational Designations" should show all levels of organization pertinent to identifying the location of the position:

First Major Component (Director, Deputy Director, etc.)
Office, Major Staff, etc.
Division or Staff (subordinate to first line)
 Branch
 Section
 Unit

Item 11 - "Position Title" should reflect the standard abbreviated title given in the most current edition of the Position Control Register or reported on Form 261, Staffing Complement Change Authorization.

Item 18b - Signature should be that of the official authorized to approve for the Career Service to which the employee belongs. If more than one Career Service is involved, the gaining Career Service should approve and the other Career Service should concur in Item 18, Remarks.

ROUTING - The original only of this form will be forwarded to the Office of Personnel through the appropriate Career Service official(s). In the case of requests specified in HB 20-800-1, which require advance approval of or notification to the Office of Security or the Office of the Comptroller, one copy only will be sent to the Office(s) concerned.

SECRET

MHC 26 SEP 1 83

NOTIFICATION OF PERSONNEL ACTION									
DEF									
1. SERIAL NUMBER	2. NAME (LAST FIRST MIDDLE)								
025935	TARASOFF ANNA								
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE	5. CATEGORY OF EMPLOYMENT			
RESIGNATION FROM LEOP					09/08/83	REGULAR			
6. FUNDS	<input checked="" type="checkbox"/>	V TO V		V TO SF	7. COST CENTER NO. CHARGEABLE	8. CSC OR OTHER LEGAL AUTHORITY			
		CF TO V		CF TO SF	4227 1990 1000				
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION				
11. POSITION TITLE					12. POSITION NUMBER	13. SERVICE DESIGNATION			
INTELLIGENCE CLERK					9997	D			
14. CLASSIFICATION SCHEDULE (GS, LS, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP	17. SALARY OR RATE			
GS			0301.27		06 4	5545			
18. REMARKS									
SIGNATURE OR OTHER AUTHENTICATION									

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)		5 June 1963	
025935		TARASOFF, ANNA		1030 06-12-63	
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE REQUESTED		5. CATEGORY OF EMPLOYMENT	
LWOP REASSIGNMENT and		06-12-63		REGULAR	
6. FUNDS		X TO V	V TO CF	7. COST CENTER NO. CHARGED	
		CF TO V	CF TO CE	ABLE 3227-1990-1000	
8. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION			
DDP CI STAFF		WASHINGTON, D.C.			
CS DEVELOPMENT COMPLEMENT					
11. POSITION TITLE		12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION	
INTELL CLERK		01 9997		D	
14. CLASSIFICATION SCHEDULE (GS, LB, REC.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP	
GS		C301-27 0320-01		66 4	
17. SALARY OR RATE		5,545.			
18. REMARKS <i>Other:</i> FROM: DDP CI STAFF/SPECIAL INVESTIGATION GROUP/PROJECTS IR/INTELL CLK/WASH., D.C./0151 Employee's last working day 7 June 1963. LWOP (HHS 20-1 Para. 10 a.) Leave of absence to accompany husband to new station - not to exceed 90 days. cc to security and finance <i>To begin upon expiration of annual leave.</i>					
19A. SIGNATURE OF REQUESTING OFFICIAL		DATE SIGNED		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER	
<i>Brynn B. Bureau</i> CI STAFF		5 Jun 63		<i>H. Bremmert</i> 6/8/63	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
20. ATTN	21. EMPLOYEE CODE	22. USE IN CODING	23. STATION CODE	24. INTEREST CODE	25. DATE OF BIRTH
38	18	3227-1990-1 T	25213	1	05/05/23
26. DATE OF EXPIRES	27. SPEC. R. REFERENCE	28. RETIREMENT DATA	29. SEPARATION DATA	30. CORRECTION/REINSTATEMENT DATA	31. SECURITY REG. NO.
NO. DA. YR.		1 - CST 3 - FICA 5 - NONE	CCDF	TYPE	NO. DA. YR.
32. VET. PREFERENCE	33. SERV. COMP. DATE	34. LONG. COMP. DATE	35. CAREER CATEGORY	36. FECH / HEALTH INSURANCE	37. SOCIAL SECURITY NO.
CODE 0 - NONE 1 - 5 yrs. 2 - 10 yrs.	NO. DA. YR.	NO. DA. YR.	CAR/RESV PROV/TEMP	CODE 0 - WORKER 1 - YES	CODE 00000000
38. PREVIOUS GOVERNMENT SERVICE DATA		39. LEAVE DAY CODE		40. FEDERAL TAX DATA	
CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 yrs) 3 - BREAK IN SERVICE (MORE THAN 3 yrs)				FORM EXECUTED CODE 1 - YES 2 - NO	41. STATE TAX DATA FORM EXECUTED CODE 1 - YES 2 - NO
42. POSITION CONTROL CERTIFICATION		43. O.P. APPROVAL			
12 JUN 63 <i>fin</i>		<i>H. Bremmert</i>			
44. DATE APPROVED					

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION								DATE PREPARED		
1. SERIAL NUMBER		2. NAME (Last-First-Middle)						5 June 1963		
025935		TARASOFF, ANNA								
3. NATURE OF PERSONNEL ACTION LWOP AND REASSIGNMENT								4. EFFECTIVE DATE REQUESTED	5. CATEGORY OF EMPLOYMENT	
								MONTH DAY YEAR 6 7 63	REGULAR	
6. FUNDS		V TO V		V TO CF		COST CENTER NO. CHARGEABLE	7. LEGAL AUTHORITY (Completed by Office of Personnel) 3227-1990-1000			
8. ORGANIZATIONAL DESIGNATIONS DDP CI STAFF CS DEVELOPMENT COMPLEMENT								10. LOCATION OF OFFICIAL STATION WASHINGTON, D.C.		
11. POSITION TITLE INTELL CLERK								12. POSITION NUMBER 01 9997	13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, LS, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE GS 0319.01 6 4 5,545.				
18. REMARKS FROM: DDP CI STAFF/SPECIAL INVESTIGATION GROUP/PROJECTS BR/INTELL CLK/WASH., D.C./0151 Employee's last working day 7 June 1963. LWOP (HEB 20-1 Para. 10 a.) Leave of absence to accompany husband to new station - not to exceed 90 days. cc to security and finance										
19. SIGNATURE OF REQUESTING OFFICIAL <i>Karen B. Barnes</i> CI STAFF				DATE SIGNED 5 Jun 63		20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER				DATE SIGNED
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL										
19. ACTION CODE	20. EMPLOYEE CODE	21. OFFICE CODING	22. STATION CODE	23. INTEREST CODE	24. HOOTS	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LS		
		NUMERIC	ALPHABETIC		CODE	MO. DA. YR.	MO. DA. YR.	MO. DA. YR.		
28. WTE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATE FROM CORRECTION/CANCELLATION DATA						32. SECURITY REG. NO.	
MO. DA. YR.		1 - CSC 3 - FICA 5 - NONE	DATA CODE	DATA CODE	NO. DA. YR.	NO. DA. YR.	NO. DA. YR.	NO. DA. YR.	33. SEA	
35. VET. PREFERENCES	36. SERV. COMP. DATE	37. LONG. COMP. DATE	38. CAREER CATEGORY	39. FEGL / HEALTH INSURANCE	40. SOCIAL SECURITY NO.					
CODE	MO. DA. YR.	MO. DA. YR.	CAREER PROV TEMP	CODE	CODE	0 = UNPAID 1 = YES	HEALTH INS. CODE			
41. PREVIOUS GOVERNMENT SERVICE DATA	42. LEAVE CAT. CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA							
CODE	0 = NO PREVIOUS SERVICE 1 = NO BREAK IN SERVICE 2 = BREAK IN SERVICE (LESS THAN 3 YRS) 3 = BREAK IN SERVICE (MORE THAN 3 YRS)		FEDERAL TAX DATA							
45. POSITION CONTROL CERTIFICATION	46. O.P. APPROVAL						DATE APPROVED			

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION								DATE PREPARED	
1. SERIAL NUMBER A25935		2. NAME (Last-First-Middle) TARASOFF, ANNA						25 November 1960	
3. NATURE OF PERSONNEL ACTION PROMOTION								4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR C 1 C 5 G 1	5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS 		V TO V CF TO V	V TO CF CF TO CF	7. COST CENTER NO. CHARGEABLE 1227-1001-10			8. LEGAL AUTHORITY (Completed by (Office of Personnel))		
9. ORGANIZATIONAL DESIGNATIONS DDP CI STAFF SPECIAL INVESTIGATION GROUP PROJECTS BRANCH								10. LOCATION OF OFFICIAL STATION WASHINGTON, D.C.	
11. POSITION TITLE INTELL CLERK								12. POSITION NUMBER 0151	13. PER CONTROL NO. D
14. CLASSIFICATION SCHEDULE (GS, LS, etc.) GS 8104 86-6				15. OCCUPATIONAL SERIES 0301.27		16. GRADE AND STEP 06 + 2		17. SALARY OR RATE \$ 4830 - \$ 4995	
18. REMARKS FROM: DDP CI STAFF/SIG/PROJECTS BRANCH/0151 Memorandum of recommendation attached.									
18A. SIGNATURE OF REQUESTING OFFICER <i>Bryon B. Burnes</i> <i>BB</i> AC CI STAFF					18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER				
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE	20. EMPLOYEE CODE	21. OFFICE CODING CODE	22. STATION CODE	23. WORK SITE CODE	24. MOVT/TRANS CODE	25. DATE OF BIRTH	26. DATE OF HIRE	27. DATE OF LEI	
3 0	0 2	NUMERIC	ALPHABETIC		1	05/00/23	01/01/61	01/01/61	
2 2	1 0	42 2 50	CJ	75113					
28. ENTR EXP RES		29. SPECIAL REFERENCE		30. RETIREMENT DATA	31. SEPARATION DATA	32. CORRECTION/CANCELLATION DATA	33. SECURITY REG. NO.		
				1 - CSC 3 - FICA 5 - NONE	CODE	DATA CODE	EXPI	NO. DA. TA.	34. SEC REG. NO.
35. RET. PREFERENCE		36. SERV. COMP. DATE	37. LONG. COMP. DATE	38. SERV. CREDITED	39. FED. / HEALTH INSURANCE	40. SOCIAL SECURITY NO.			
CODE		MOL. DA. YR.	MOL. DA. YR.	1 = YES 2 = NO	CODE	CODE	0 = UNPAID 1 = PAID	HEALTH INS. CODE	
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT. CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA			
					FORM EXECUTED 1 = YES 2 = NO	NO. TAX EXEMPTIONS 1 = 1 2 = 2	FORM EXECUTED 1 = YES 2 = NO	STATE TAX FORM CODE	
45. POSITION CONTROL CERTIFICATION <i>W.L. 01-08-61</i>				46. O.P. APPROVAL					

REQUEST FOR PERSONNEL ACTION

1. Serial No.	2. Name (Last-First-Middle)			3. Date Of Birth	4. Vol. Prof	5. Sex	6. CS-500
125935	TARASOFF ANNA			Mo. Da. Yr.	Nonn-O Code	Mo. Da. Yr.	
04 08 57	7. CSC	8. CSC Point	9. CSC Or Other Legal Authority	05 05 23	5 Pt-1 0	04 09 57	
Mo. Da. Yr.	Yes - 1 No - 2	Code	50 USCA 403	10. Apart. Alifav.	11. FEC LI	12. TCS	13. Comm. 200
04 08 57	1			Mo. Da. Yr.	Yes - 1 No - 2	Mo. Da. Yr.	Yes - 1 No - 2

PREVIOUS ASSIGNMENT

14. Organizational Designations		Code	15. Location Of Official Station		Station Code
DDP CI STAFF SPECIAL PROJECTS DIV PROJECTS BRANCH		5412	WASH., D. C.		75013
16. Dept - Field	17. Position Title		18. Position No.	19. Serv.	20. Occup. Series
Dept: Code USId: 2 Frzn:	INTEL CLK		0151.05	GS	0301.27
21. Grade & Step	22. Salary Or Rate	23. SD	24. Date Of Grade	25. PSI Due	26. Appropriation Number
04 1 2	\$ 3850.00 DS		Mo. Da. Yr. 04 08 57	Mo. Da. Yr. 04 20 58	8030303030 9-2700-17-001

ACTION

27. Nature Of Action	Code	28. Eff. Date	29. Type Of Employee	Code	30. Separation Date
Promotion	30	Mo. Da. Yr. 11 10 58	Regular		

PRESENT ASSIGNMENT

31. Organizational Designations		Code	32. Location Of Official Station		Station Code
DDP/CI Staff Special Projects Div Projects Branch			Washington, D.C.		
33. Dept - Field	34. Position Title		35. Position No.	36. Serv.	37. Occup. Series
Dept: Code USId: 2 Frzn:	Intel CLK		0151.05	GS	0301.27
38. Grade & Step	39. Salary Or Rate	40. SD	41. Date Of Grade	42. PSI Due	43. Appropriation Number
5 1	\$ 4040.00 pa	DS	Mo. Da. Yr. 11 10 57	Mo. Da. Yr. 11 10 57	9-2700-17-001

SOURCE OF REQUEST

A. Requested By (Name And Title) <i>Byron B. Burnes</i> Byron B. Burnes C/CI Support	C. Request Approved By (Signature And Title) <i>S. Herman Horton</i> S. Herman Horton DC/CI Staff
B. For Additional Information Call (Name & Telephone Ext.) 8537	

CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board	<i>Rec'd. 11/2/57</i>	11/2/57	D. Placement		
B. Pos. Control	<i>11/2/57</i>	11/2/57	E.		
C. Classification	<i>11/2/57</i>	11/2/57	F. Approved By	<i>J. E. Miller</i>	

Remarks

Promotion recommendations attached.

11/2/57

REQUEST FOR PERSONNEL ACTION

28 February 1958

1. Serial No.	2. Name (Last-First-Middle)	3. Date Of Birth	4. Vac. Perf.	S. See	O. CS. EOD
125935	TARASOFF ANNA	Mo. Da. Yr. 05 05 23	None-0 5 Pt-1 10 Pt-2	Code O F 2	Mo. Da. Yr. 04 08 57
7. SCD	8. CSC Recd. CSC Or Other Legal Authority	10. Apmt. Alt. Jov.	11. FEGLI	12. LCD	13. Min. Serv. Cred. Lto
No. Da. Yr. 04 08 57	Yes-1 Code No-2 1 SO USCA 403	Mo. Da. Yr.	Yes-1 Code No-2	Mo. Da. Yr. 04 08 57	Yes-1 Code No-2 .2

PREVIOUS ASSIGNMENT

14. Organizational Designations DDS OFFICE OF PERSONNEL PERSONNEL ASSIGNMENT DIV PLACEMENT BR CLERICAL INTERIM ASSIGNMENT SECT	Code	15. Location Of Official Station	Station Code		
		2931 WASH., D. C.	75013		
16. Dept. - Field	17. Position Title	18. Position No.	19. Serv. 20. Occup. Series		
Dpt. : Code USLid : Frpn : 2	CLERK	GS	0301.26		
21. Grade & Step	22. Salary Or Rate	23. SD	24. Date Of Grade	25. PSI Due	26. Appropriation Number
04 1	\$ 3415	UD.	Mo. Da. Yr. 04 108 157	Mo. Da. Yr. 04 120 158	8 6509 20

ACTION

27. Nature Of Action Reassignment	Code	28. Eff. Date Mo. Da. Yr. JAN 1958	29. Type Of Employee Regular	Code	30. Separation Data
--------------------------------------	------	--	---------------------------------	------	---------------------

PRESENT ASSIGNMENT

31. Organizational Designations DDP/CI Staff Special Projects Division Projects Branch	Code	32. Location Of Official Station	Station Code		
		Washington, D. C.			
33. Dept. - Field	34. Position Title	35. Position No.	36. Serv. 37. Occup. Series		
Dpt. : Code USLid : Frpn : D	Intell Clerk	151.05	GS 0301.27-		
38. Grade & Step	39. Salary Or Rate	40. SD	41. Date Of Grade	42. PSI Due	43. Appropriation Number
04 1	\$ 3415.00	DS	Mo. Da. Yr. 04 15 157	Mo. Da. Yr. 04 120 158	8-2705-27

SOURCE OF REQUEST

A. Requested By (Name And Title)	C. Request Approved By (Signature And Title)
B. For Additional Information Call (Name & Telephone Ext.) x 4281	<i>J. C. Fisher</i> FEB 1 1958

CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board			D. Placement		
B. Pos. Control		3 MAR 1958	E.		
C. Classification			F. Approved By		

Remarks temporary double slot with *STEP IN 1958* for slotting purposes only.
5/20/58

To SALARY : *3500*

J. C. Fisher

SECRET

Classified
Top Secret

REQUEST FOR PERSONNEL ACTION

14 January 1958

1. Serial No.	2. Name (Last-First-Middle)	3. Date Of Birth	4. Vet. Prof.	5. Sex	6. CS - EOD
	Mrs. Anna Tarasoff	Mo Da Yr 05 05 23	None-D Code S PI-1 10 PI-2	F	Mo Da Yr
7. SCD	8. CSC Reinst.	9. CSC Or Other Legal Authority	10. Apmt. Affidav.	11. FEGLI	12. LCO
Mo Da Yr No - 1 No - 2	Yes - 1 Code No - 2		Mo Da Yr Yes - 1 No - 2	Code Mo Da Yr 1	Yes - 1 Code No - 2

PREVIOUS ASSIGNMENT

14. Organizational Designations DDP/FI Staff Division D Project Annex/Project PB Jointly Branch 2 - Section B	Code	15. Location Of Official Station Washington, D. C.	Station Code		
16. Dept.. Field Dept - Code Usfld- D Fian -	17. Position Title Clerk	18. Position No. 8073.12/907	19. Serv. GS	20. Occup. Series 0301.26	
21. Grade & Step G4 1	22. Salary Or Rate \$ 3415.00	23. SD DS	24. Date Of Grade Mo Da Yr 1 1 1	25. PSI Due Mo Da Yr 1 1 1	26. Appropriation Number 8-2306-23

ACTION

27. Nature Of Action Reassignment	Code	28. Eff. Date Mo Da Yr 1 1 1	29. Type Of Employee Regular	Code	30. Separation Date
--------------------------------------	------	------------------------------------	---------------------------------	------	---------------------

PRESENT ASSIGNMENT

31. Organizational Designations DDP/Office of Personnel Personnel Assignment Division Placement Branch (Clerical) Interim Assignment Section	Code	32. Location Of Official Station Washington, D. C.	Station Code		
33. Dept.. Field Dept - Code Usfld- D Fian -	34. Position Title Clerk	35. Position No.	36. Serv. GS	37. Occup. Series 0301.26	
38. Grade & Step G4 1	39. Salary Or Rate \$ 3415.00	40. SD UD	41. Date Of Grade Mo Da Yr 1 1 1	42. PSI Due Mo Da Yr 1 1 1	43. Appropriation Number 8-6509-23

SOURCE OF REQUEST

A. Requested By (Name And Title)	C. Request Approved By (Signature And Title)
B. For Additional Information Call (Name & Telephone Ext.) x 1281	<i>Jescha M. Williams</i> Dorothy R. Shaeff

CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date	
A. Career Board			D. Placement			
B. Pos. Control			E.			
C. Classification			F. Approved By			
Remarks	<i>Clerk - 6-1-58 2/2/58 1/22/58 - 2 C D. S. I.</i>					

FORM 1152a
5-57

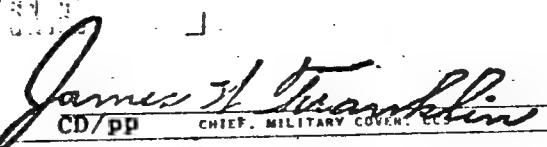
SECRET

SECRET

STANDARD FORM 52 FEBRUARY 1947 EDITION 1A GSA GEN. REG. NO. 27 APPROVED FOR USE GOVERNMENT WIDE DOD FORM 10-5000 REQUEST FOR PERSONNEL ACTION			
REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.			
1. NAME (Mr. - Miss - Mrs. - One given name, initials, and surname)		2. DATE OF BIRTH	3. REQUEST NO.
Mrs. Anna Tarasoff		5 May 1923	26 June 57
4. DATE OF REQUEST		7. U.S. OR OTHER LEGAL AUTHORITY IF ANY	
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Reassignment		6. EFFECTIVE DATE A. PROPOSED:	B. APPROVED:
B. POSITION (Specify whether establish, change grade or title, etc.)			
FROM—Clerk GS-0301.26-4		TO—Clerk GS-0301.26-4	
EU #5423 \$3415.00 p.a.		BVP-8073.12/307-4 \$3415.00 p.a.	
DDS/Office of Personnel Personnel Assignment Division Placement Branch (Clerical) Interim Assignment Section Washington, D. C.		DDP/FI Staff Division D Project Annex Project P B Jointly Branch 2 Section B Washington, D. C.	
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		12. FIELD OR DEPARTMENTAL <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL	
A. REMARKS (Use reverse if necessary) Present incumbent is pending reassignment. ELOYEE BLOCKING CLPRK Typist SLOT			
13. REQUESTED BY (Name and title)		D. REQUEST APPROVED BY	
Signature:		Title:	
E. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)			
X 4281			
14. VETERAN PREFERENCE			
NONE <input type="checkbox"/> WWII <input type="checkbox"/> OTHER <input type="checkbox"/> S.P.T. <input type="checkbox"/> 10-POINT <input checked="" type="checkbox"/> DISAB. <input type="checkbox"/> OTHER			
15. APPROPRIATION			
SICK FROM 7-6509-20 W TO 87-2306-23		16. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) Yes	
17. DATE OF APPOINTMENT-AFFIDAVITS (ACCESSIONS ONLY)		18. LEGAL RESIDENCE	
8 April 1957		<input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: D. C.	
19. STANDARD FORM 50 REMARKS			
APPROVED BY: <i>Lydia J. Korn</i> APPROVING OFFICER: <i>W. Shelly</i> APPROVING OFFICER: <i>W. Shelly</i>			
20. CLEARANCES A. <i>RV</i> DATE <i>1957</i> B. CEIL. OR POS. CONTROL C. CLASSIFICATION D. PLACEMENT OR EMPL. E. F. APPROVING OFFICER: <i>W. Shelly</i>			
INITIAL OR SIGNATURE DATE REMARKS: <i>W.H. 11-19-57</i> <i>RECEIVED 11-19-57</i>			

STANDARD FORM 50 FEDERAL BUREAU OF INVESTIGATION U. S. DEPARTMENT OF JUSTICE JANUARY 1953 EDITION, PERSONNEL BASIC, CHAPTER II		PC-19-2216057 C-3238	
REQUEST FOR PERSONNEL ACTION			
REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 68 and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.			
1. NAME (Mr. - Miss - Mrs. - One given name, initial(s), and surname)		2. DATE OF BIRTH	
Mrs. Anna Tarasoff		3. REQUEST NO.	
4. DATE OF REQUEST		5. May 1923	
6. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)		7. EFFECTIVE DATE B. PROPOSED:	
Excepted Appointment		8. APPROVED: 5 Apr 57	
9. POSITION (Specify whether established, change grade or title, etc.)		9. C. S. OR OTHER LEGAL AUTHORITY III 50 USC 430 J	
10. POSITION TITLE AND NUMBER		10. Clerk GS-0301.26-4	
11. SERVICE, GRADE, AND SALARY		11. FIELD #5423 \$34.15 p.a.	
12. ORGANIZATIONAL DESIGNATIONS		12. HEADQUARTERS DDO / Office of Personnel Personnel Assignment Division Placement Branch (Clerical) Interim Assignment Section Washington, D.C.	
13. FIELD OR DEPARTMENTAL		14. FIELD <input checked="" type="checkbox"/> DEPARTMENTAL <input checked="" type="checkbox"/>	
A. REMARKS (Use reverse if necessary) Request indices clearance.			
IAS (Unassigned)			
B. REQUESTED BY (Name and title)			
C. REQUEST APPROVED BY Signature: _____ Title: Clerical Placement Officer			
D. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) X2683			
E. VETERAN PREFERENCE			
15. VETERAN PREFERENCE NONE WWII OTHER SPT 10 POINT Y DISAB OTHER			
16. POSITION CLASSIFICATION ACTION NEW VICE I.A. RECL			
17. SUBJECT TO C.S. RETIREMENT ACT (1953-1960) F FROM TO 7-6509-20 18. DATE OF APPOINT- MENT RETIREMENT ACCENSIONS ONLY Leg 5 Apr 57			
19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:			
20. STANDARD FORM 50 REMARKS - Subj turned a trial period RC-153 P-100-412053			
21. CLEARANCES A. INITIAL OR SIGNATURE DATE C. CLASSIFICATION D. PLACEMENT OR EMPL. E. F. APPR.			
REMARKS:			

SECRET

NOTIFICATION OF CANCELLATION OF MILITARY COVER BACKSTOP		DATE
<input checked="" type="checkbox"/> TO: CHIEF, PERSONNEL OPERATIONS DIVISION		18 October 1963
CHIEF, OPERATING COMPONENT (For Action) CI		SUBJECT
ATTN: <input checked="" type="checkbox"/> Support Staff		TARASOFF, Anna
REF: Resignation Debriefing in Absentia		Forwarding Address: Unknown
MILITARY COVER DISCONTINUED		FILE NO.
Administrative Support Group, OSA		K-111
		ID CARD NO.
		NA
<input checked="" type="checkbox"/> Unblock Records: (OP Memo 20-800-11) Resignation effective 8 September 1963 in Absentia		
Effective <u>EOD</u>		
<input type="checkbox"/> Submit Form 642 To Change Limitation Category. NA (HB 20-800-2 to be redesignated HIB 20-7)		
<input type="checkbox"/> Return All Military Documentation To CCS.		
<input checked="" type="checkbox"/> Remarks: Subject to indicate CIA as place of employment for the entire period.		
<input type="checkbox"/> COPY TO CPD/OP		
 CD/PP CHIEF, MILITARY COVER, CCS		
DISTRIBUTION: 1-OSD/OS; 1-PSD/OS		

~~SECRET~~

C-2532 (Biladens)
5 June 1963

MEMORANDUM FOR: Transactions and Records Branch
Office of Personnel

ATTENTION: Mary Coriden

SUBJECT: Boris D. TARASOFF
Anna TARASOFF

1. Cover arrangements are in process, and/or, have been completed for the above-named subjects.
2. Effective immediately, it is requested that your records be properly blocked to deny subjects' current Agency employment to an external inquirer.

THOMAS K. STRANGE
Deputy Chief, CCS/EC

cc: ID/SD

THIS MESSAGE CANNOT BE RECALLED
OR TUP OR FILE

~~SECRET~~

DT

SECRET

19 October 1960

(Date)
File No. K-111

MEMORANDUM FOR: Chief, Records and Services Division
Office of Personnel
SUBJECT : Anna TARASOFF

1. Cover arrangements ~~xxxxxxxxxxxxxx~~ have been completed for the above-named Subject.
2. Effective 13 October 1960, it is requested that your records be properly blocked ~~xxxxxx~~ to deny ~~xxxxxx~~ Subject's current Agency employment to an external inquirer.
3. Operating component must take necessary action to block ~~xxxxxx~~ telephone locator by submitting the Personnel Information Card, "Office File Copy," Form No. 642, to Machine Records Division, Office of the Comptroller, Room 107 Curie Hall, Attention: Miss Wenkenbach.

4 This memorandum confirms an oral request of Ed Fitzgerald,
OCB/CCG, X 2420

Paul P. Stewart
GLEN E. MOORHOUSE
~~XXXXXXXXXXXXXX~~
Acting Chief, Central Cover ~~xxxxxx~~ Group

cc: SSD/OS
Operating Division - CI

SECRET

1. LAST NAME <i>Janssens</i>	FIRST NAME <i>Anne</i>	INITIAL(S)	2. APPOINTMENT DATA Entered on duty <i>4-7-57</i>	FT <input checked="" type="checkbox"/>	P/T <input type="checkbox"/>	3. TOTAL SERVICE FOR LEAVE (as of date of separation) Years <input type="checkbox"/> More than 15 years
4. DATE AND NATURE OF SEPARATION <i>Resignation to HUOP 9-8-63</i>			Subject to Sec. 203(d), 1951 Leave Act Yes <input type="checkbox"/> No <input type="checkbox"/> Causes to be subject to Sec. 203(d)			Months <input type="checkbox"/>
			Annual Leave Bal.			Days <input type="checkbox"/>
SUMMARY OF ANNUAL AND SICK LEAVE (HOURS)						REMARKS <i>SCD: 4-8-57</i>
5. Balance from prior leave year ended <i>1963</i>	6. Current leave year accrued through <i>8-31 1963</i>	7. Total	8. Reduction in credits, if any (current year)	9. Total leave taken	10. Balance	11. Total hours paid in lump sum <i>None</i>
39	68	102	30	111	—	12
20	78	48	20	56		
						12. Salary rate(s) <i>\$5 - 6-4 \$545</i>
13. Lump sum leave dates: From _____ to _____ (Hours)						14. Date arrived abroad for HI purposes _____
						15. Current balance as of _____ 19_____
						16. 12-month accrual rate _____
						17. Dates leave used, prior 24 months _____
						18. Monthly accrual date _____
						19. Calendar day's credit for next accrual date _____
						20. Date basic service period completed _____
						MILITARY LEAVE
						21. Dates during current calendar yr. _____ to _____
						22. Dates during preceding calendar yr. _____ to _____
						ABSENCE WITHOUT PAY
						AWOP or AWOL or Furlough Suspension (Hours)
						<i>487</i>
						23. During leave year in which separated
						24. During re-increase waiting period which began on <i>1-6-63</i>
						25. During 12-month HI accrual period (dates): _____

Standard Form No. 1140
GSA GEN. REG. NO. 2
2150-103

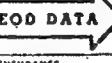
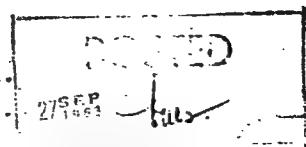
RECORD OF LEAVE DATA TRANSFERRED

SECRET

(When Filled In)

MHC: 26 SEPT 53

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)		3. NATURE OF PERSONNEL ACTION RESIGNATION FROM LWOP		4. EFFECTIVE DATE MO. DA. YR. 09 09 63		5. CATEGORY OF EMPLOYMENT REGULAR	
6. FUNDS 		V TO V	V TO CF	7. COST CENTER NO. CHARGEABLE U227 1990 1000		8. CSC OR OTHER LEGAL AUTHORITY			
9. ORGANIZATIONAL DESIGNATIONS DDP CI STAFF CS/CS DEVELOPMENT COMPLEMENT				10. LOCATION OF OFFICIAL STATION WASH., D.C.					
11. POSITION TITLE INTELLIGENCE CLERK		12. POSITION NUMBER 9997		13. SERVICE DESIGNATION D					
14. CLASSIFICATION SCHEDULE (GS, LS, etc.) GS		15. OCCUPATIONAL SERIES 0301.27		16. GRADE AND STEP 06 4		17. SALARY OR RATE 5545			
18. REMARKS									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE 43	20. Employ. Code 18	21. OFFICE CODING NUMERIC ALPHABETIC		22. STATION CODE	23. INTEGEE CODE	24. Hdgts. Code	25. DATE OF BIRTH MO. DA. YR. 05 05 23	26. DATE OF GRADE MO. DA. YR.	27. DATE OF LEI MO. DA. YR.
28. NTE EXPIRES NO. DA YR		29. SPECIAL REFERENCE 1. CSC 2. PICA 3. NONE	30. RETIREMENT DATA CODE	31. SEPARATION DATA CODE 1CB006	32. CORRECTION/CANCELLATION DATA TYPE		33. SECURITY REQ. NO.	34. SEX	 EOD DATA
35. VET. PREFERENCE CODE 0 - NONE 1 - G.P.T. 2 - 10 PT.		36. SERV. COMP. DATE NO. DA YR	37. LONG. COMP. DATE NO. DA YR.	38. CAREER CATEGORY CAR RESV. CODE PROV TEMP	39. FEGLI / HEALTH INSURANCE CODE 0 - WAIVER 1 - YES	40. SOCIAL SECURITY NO.			
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE. 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)		42. LEAVE CAT. CODE	43. FEDERAL TAX DATA FORM EXECUTED CODE 1 - YES 2 - NO	44. STATE TAX DATA FORM EXECUTED CODE 1 - YES 2 - NO	45. STATE CODE CODE NO. TAX EXEMPT				
SIGNATURE OR OTHER AUTHENTICATION									
 26 SEP 1953 27 SEP 1953									

SECRET
(When Filled In)

LLG: 29 JUNE 63

NOTIFICATION OF PERSONNEL ACTION																	
OCF																	
1. SERIAL NUMBER	2. NAME (LAST-FIRST-MIDDLE)																
025935	TARASOFF ANNA																
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE 5. CATEGORY OF EMPLOYMENT													
REASSIGNMENT AND LWOP (INT 11 SEPT. 1963)				1930 06 12 63 REGULAR													
6. FUNDS		V TO V		V TO CF	7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY										
		-CF TO V		-CF TO CF	3227 1990 1000		50 USC 403 J										
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION													
DDP CI. STAFF CS/CS DEVELOPMENT COMPLEMENT				WASH., D.C.													
11. POSITION TITLE				12. POSITION NUMBER		13. SERVICE DESIGNATION											
INTELLIGENCE CLERK				9997		D											
14. CLASSIFICATION SCHEDULE (GS, LS, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE											
GS		0301.27		06 4		5545											
18. REFERENCES OTHER																	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																	
19. ACTION CODE	20. Employ. Code	21. OFFICE CODING NUMERIC	22. STATION CODE ALPHABETIC	23. INTEGEE CODE	24. Matri. Code	25. DATE OF BIRTH MO DA YR	26. DATE OF GRADE MO DA YR	27. DATE OF LEI MO DA YR									
38	18	32997	CI	75013	1	05 05 23											
28. NTE EXPIRES		29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE	33. SECURITY REQ. NO.	34. SEX										
NO DA YR		1 - CSC 2 - FICA 3 - NONE	CODE		NO DA YR												
EOD DATA																	
35. VET. PREFERENCE	36. SERV. COMP. DATE	37. LONG. COMP. DATE	38. CAREER CATEGORY	39. FELT / HEALTH INSURANCE	40. SOCIAL SECURITY NO.												
CODE	0 - NOSE 1 - DPT. 2 - IOP	MO DA YR	MO DA YR	CAN BINV PROV TEMP CODE	CODE	0 - BAINER 1 - YES	HEALTH INS CODE										
41. PREVIOUS GOVERNMENT SERVICE DATA		42. LEAVE CAT. CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA													
CODE	0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 yrs.) 3 - BREAK IN SERVICE (MORE THAN 3 yrs.)		FORM EXECUTED: CODE 1 - YES 2 - NO	NO TAX EXEMPTIONS	FORM EXECUTED 1 - YES 2 - NO	CODE	NO TAX EXEMPT STATE CODE										
SIGNATURE OR OTHER AUTHENTICATION																	
POSTED 2 JUL 1963 RWB																	

SECRET
(WHEN FILLED IN)

1. EMP. SERIAL NO.		2. NAME			3. ASSIGNED ORGAN.			4. FUNDS		5. ALLOTMENT	
025935		TARASOFF ANNA			32 250			V			
6. OLD SALARY RATE		7. NEW SALARY RATE									
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
			MO	DA	YR				MO	DA	YR
GS-06	3	5375	01	07	63	GS-06	4	5515	01	06	63
TO BE COMPLETED BY THE OFFICE OF COMPTROLLER											
8. CHECK ONE: <input type="checkbox"/> NO EXCESS LWOP <input checked="" type="checkbox"/> EXCESS LWOP IF EXCESS LWOP, CHECK FOLLOWING: <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD						9. NUMBER OF HOURS LWOP					
10. INITIALS OF CLERK						11. AUDITED BY					
TO BE COMPLETED BY THE OFFICE OF PERSONNEL											
12. TYPE OF ACTION						13. REMARKS					
<input checked="" type="checkbox"/> P.O.S. <input type="checkbox"/> L.S.I. <input type="checkbox"/> PAY ADJUSTMENT											
14. AUTHENTICATION											
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.											
SIGNATURES  DATE: 30 Nov. 1962											
PAY CHANGE NOTIFICATION 											

FORM
560560 OBSOLETE PREVIOUS EDITION
REPLACES FORM 560A AND 560B.

SECRET

OFFICIAL PERSONNEL FOLDER

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND
DCI MEMORANDUM DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS.

NAME	SERIAL	ORGN	FUNDS	OLD GR-ST	OLD SALARY	NEW GR-ST	NEW SALARY
TARASOFF ANNA	025935	32250	V	06 3	\$ 5160	06 3	\$ 5375

SECRET
(When Filled In)

1. Serial No.	2. Name	3. Cost Center Number	4. LWOP Hours				
25935	TARASOFF ANNA	32 250	V	31			
5. OLD SALARY RATE		6. NEW SALARY RATE			7. TYPE ACTION		
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date
GS-06	3	5375	01/08/61	GS-06	2	5160	01/07/62
8. Remarks and Authentication							

NO EXCESS LWOP

IN PAY STATUS AT END OF WAITING PERIOD

IN LWOP STATUS AT END OF WAITING PERIOD

70 100 100 100

100

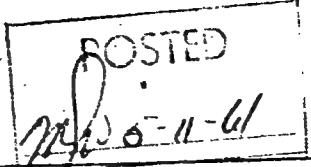
SECRET
(When Filled In)

AES: 10 MAY 61

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)							
025935		TARASOFF, ANNA							
3. NATURE OF PERSONNEL ACTION									
PROMOTION - CORRECTION									
4. FUNDS		V TO V	V TO CP						
		CP TO V	CP TO CP						
5. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION							
DDP CI STAFF SPECIAL INVESTIGATION GROUP PROJECTS BRANCH		WASH., D.C.							
11. POSITION TITLE		12. POSITION NUMBER	13. CAREER SERVICE DESIGNATION						
INTELL CLERK		0151	D						
14. CLASSIFICATION SCHEDULE (GS, WB, etc.)		15. OCCUPATIONAL SERIES	16. GRADE AND STEP						
GS		0301.27	06 2						
17. SALARY OR RATE									
\$4995									
18. REMARKS THIS ACTION CORRECTS SF 1150 EFF 8 JAN 1961 ITEM #16, STEP, WHICH READ 1 TO READ 2 AND ITEM #17, SALARY, WHICH READ \$4830 TO READ \$4995.									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION	20. Employ. Code	21. OFFICE CODING	22. STATION CODE	23. INTEGEE CODE	24. Hdgrs. Code	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LET	
58	10	32250	CI	75013	1	05 05 23	01 08 61	01 08 61	
28. WTC EXPIRES		29. SPECIAL REFERENCE	30. RETIREMENT DATA		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ. NO.	34. SEN
NO DA YR			1 - CSC	CODE	TYPE	NO DA YR	01 08 61	EOD DATA	
			2 - FICA		22				
			3 - NONE						
35. VET. PREFERENCE		36. SERV. COMP. DATE	37. LONG. COMP. DATE	38. MIL. SERV. CREDIT/LCD	39. REGII / HEALTH INSURANCE	40. SOCIAL SECURITY NO.			
CODE		MO DA YR	MO DA YR	Y - YES N - NO	CODE	CODE	0 - WAIVER 1 - YES	HEALTH INS. CODE	
41. PREVIOUS GOVERNMENT SERVICE DATA		42. LEAVE CAT. CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA					
CODE			FORM EXECUTED: CODE	NO TAX EXEMPTIONS		FORM EXECUTED:	CODE	NO TAX EXEMPT STATE CODE	
1 - NO PREVIOUS SERVICE 2 - NO BREAK IN SERVICE 3 - BREAK IN SERVICE (LESS THAN 12 MOS) 4 - BREAK IN SERVICE (MORE THAN 12 MOS)			1 - YES 2 - NO			1 - YES 2 - NO			

SIGNATURE OR OTHER AUTHENTICATION



SECRET

(When Filled In)

AES: 6 JAN 61

(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)					
025935		TARACOFF ANNA					
3. NATURE OF PERSONNEL ACTION PROMOTION							
4. FUNDS ➤ X		V TO V	V TO CP				
		CP TO V	CP TO CP				
5. ORGANIZATIONAL DESIGNATIONS UDP CI STAFF SPECIAL INVESTIGATION GROUP PROJECTS BRANCH							
6. POSITION TITLE INTELL CLERK							
7. CLASSIFICATION SCHEDULE (GS, WB, etc.) GS		8. OCCUPATIONAL SERIES 0301.27	9. GRADE AND STEP 06 1				
10. LOCATION OF OFFICIAL STATION WASH., D.C.							
11. POSITION NUMBER 0151							
12. CAREER SERVICE DESIGNATION D							
13. SALARY OR RATE 4830							
14. REMARKS							
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
15. ACTION CODE	16. EMPLOY. CODE	17. OFFICE CODING NUMERIC ALPHABETIC	18. STATION CODE	19. INTEGEE CODE	20. HGTNS. CODE	21. DATE OF BIRTH MO DA YR	22. DATE OF GRADE MO DA YR
22	10	32250 CI	75013	1	05 05 23	01 08 61	01 08 61
23. NYE EXPIRES MO DA YR	24. SPECIAL REFERENCE CODE	25. RETIREMENT DATA CODE	26. SEPARATION DATA CODE	27. CORRECTION/CANCELLATION DATA TYPE	28. FEGLI / HEALTH INSURANCE CODE	29. SECURITY REQ. NO. CODE	30. SEX REQ. NO.
1 - NONE 2 - 5 PT 3 - 10 PT	1 - CSC 2 - FICA 3 - NONE				0 - WAIVER 1 - YES		
31. VET. PREFERENCE CODE	32. SERV. COMP. DATE MO DA YR	33. LONG. COMP. DATE MO DA YR	34. MIL. SERV. CREDIT/LCO CODE	35. FEGLI / HEALTH INSURANCE CODE	36. SOCIAL SECURITY NO.		
0 - NONE 1 - 5 PT 2 - 10 PT				0 - WAIVER 1 - YES			
37. PREVIOUS GOVERNMENT SERVICE DATA CODE	38. LEAVE CAT. CODE	39. FEDERAL TAX DATA FORM EXECUTED CODE	40. STATE TAX DATA FORM EXECUTED CODE				
0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 12 MOS) 3 - BREAK IN SERVICE (MORE THAN 12 MOS)		1 - YES 2 - NO	1 - YES 2 - NO				
SIGNATURE OR OTHER AUTHENTICATION POSTED JAN 16 1961							

IN ACCORDANCE WITH THE PROVISIONS OF P. L. 86-568 AND DCI MEMO DATED
1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS EFFECTIVE 10 JULY 1960.

SD	NAME	SERIAL	ORGN	GR-ST	OLD SALARY	NEW SALARY
DS	TARASOFF ANNA	125935	54 18	GS-05 2	\$ 4,190	\$ 4,510

/S/ EMMETT D. ECHOLS
DIRECTOR OF PERSONNEL

SECRET
(WHEN FILLED IN)

1. EMP. SERIAL NO.	2. NAME			3. ASSIGNED ORGAN.	4. FUNDS	5. ALLOTMENT	
125935	TARASOFF ANNA			DDP/C1	/	V-20	
6. OLD SALARY RATE				7. NEW SALARY RATE			
GRADE	STEP	SALARY	LAST EFFECTIVE DATE	GRADE	STEP	SALARY	EFFECTIVE DATE
GS 05	2	\$ 4,510	11 01 59	GS 05	3	\$ 4,675	10 30 60
TO BE COMPLETED BY THE OFFICE OF COMPTROLLER							
8. CHECK ONE IF EXCESS LWOP, CHECK FOLLOWING: <input checked="" type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD				9. NUMBER OF HOURS LWOP			
				10. INITIALS OF CLERK		11. AUDITED BY	
TO BE COMPLETED BY THE OFFICE OF PERSONNEL				12. REMARKS			
13. TYPE OF ACTION <input type="checkbox"/> P.S.I. <input type="checkbox"/> L.S.I. <input type="checkbox"/> PAY ADJUSTMENT				14. AUTHENTICATION O O			
15. PAY CHANGE NOTIFICATION 16. SIGNATURE EMMETT D. ECHOLS 17. APPROVAL STAMPS							

SECRET (WHEN FILLED IN)											
1. EMP. SERIAL NO.	NAME			D. ASSIGNED ORGAN.		E. FUNDS		F. ALLOTMENT			
125935	TARASOFF ANNA			DOP/CT		V-20					
OLD SALARY RATE			LAST EFFECTIVE DATE			NEW SALARY RATE			EFFECTIVE DATE		
GRADE	STEP	SALARY	MO	DA	VS	GRADE	STEP	SALARY	MO	DA	VS
GS 5	1	\$ 4,040	11	02	58	GS 5	2	\$ 4,190	11	01	59
TO BE COMPLETED BY THE OFFICE OF COMPTROLLER											
B. CHECK ONE IF EXCESS LWOP, CHECK FOLLOWING: <input checked="" type="checkbox"/> IN EXCESS LWOP <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD						C. NUMBER OF HOURS LWOP 11.00					
10. INITIALS OF CLERK SL						11. AUDITED BY JW					
TO BE COMPLETED BY THE OFFICE OF PERSONNEL											
12. TYPE OF ACTION <input type="checkbox"/> P.S.I. <input type="checkbox"/> L.G.I. <input type="checkbox"/> PAY ADJUSTMENT						13. REMARKS					
14. AUTHENTICATION O O											
PAY CHANGE NOTIFICATION											
560 OBSOLETE PREVIOUS EDITION REPLACES FORM 560A AND 560B											
SECRET OFFICIAL PERSONNEL FOLDER											

IN LIEU OF FORM 1150 THIS NOTIFICATION EFFECTS RESЛОTTING RESULTING
FROM R-20-250

SEQ. N	NAME	SD	OLD SLOT	NEW SLOT	DATE
125935	TARASOFF ANNA	DS	0151.05	151	04/28/59

SECRET

(When Filled In)

12611

A.E. 11 FEB 1959

NOTIFICATION OF PERSONNEL ACTION

1. Serial No.	2. Name (Last-First-Middle)			3. Date Of Birth	4. Vet. Pref.	5. Sex	6. CS - EOD
125935	TARASOFF ANNA			Mo. Da. Yr.	None-0 5 Pt-1 10 Pt-2	Code 0 F 2	Mo. Da. Yr. 04 08 57
7. SCD	8. CSC Ref ID	9. CSC Or Other Legal Authority			10. Appt. Affidav.	11. FEGLI	12. LCD
Mo. Da. Yr. 04 08 57	Yes-1 No-2	1. 50 USCA 403			Mo. Da. Yr. No-2	Mo. Da. Yr. 04 08 57	Yes-1 No-2
	Code 1				Code	Mo. Da. Yr. 04 08 57	Code 2

PREVIOUS ASSIGNMENT

14. Organizational Designations			Code	15. Location Of Official Station			Station Code	
DDP CI STAFF SPECIAL INVESTIGATION DIVISION PROJECTS BRANCH				WASH., D.C.				
16. Dept. - Field	17. Position Title			18. Position No.	19. Serv.	20. Occup. Series		
Dept - 2 USId - 4 Frpn - 6	Code 2	INTEL CLK			0151.05	GS	0301.27	
21. Grade & Step	22. Salary Or Rate	23. SD	24. Date Of Grade	25. PSI Due	26. Appropriation Number			
04 2	\$ 3850	D5	Mo. Da. Yr.	Mo. Da. Yr.	8 2705 27			

ACTION

27. Nature Of Action	Code	28. EH. Date	29. Type Of Employee	Code	30. Separation Date
PROMOTION-CORRECTION*	30	11 02 58	REGULAR	01	

PRESENT ASSIGNMENT

31. Organizational Designations			Code	32. Location Of Official Station			Station Code	
DDP CI STAFF SPECIAL INVESTIGATION DIVISION PROJECTS BRANCH			5418	WASH., D.C.			75013	
33. Dept. - Field	34. Position Title			35. Position No.	36. Serv.	37. Occup. Series		
Dept - 2 USId - 4 Frpn - 6	Code 2	INTEL CLK			0151.05	GS	0301.27	
38. Grade & Step	39. Salary Or Rate	40. SD	41. Date Of Grade	42. PSI Due	43. Appropriation Number			
05 1	\$ 4040	D5	11 02 58	11 101 159	9 2700 27 001			

44. Remarks

*THIS CORRECTS SF 1150 EFF 2 NOV 1956 ITEM #14 AND 31 SECOND LINE OF ORGANIZATIONAL DESIGNATIONS, WHICH READ "SPECIAL PROJECTS DIV", TO READ "SPECIAL INVESTIGATION DIVISION."

CLOSED

13 FEB

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

AES 30 OCT 1958

1. Serial No.	2. Name (Last-First-Middle)	3. Date Of Birth	4. Vet. Prof.	5. Sex	6. CS - EOD
125935	TARASOFF ANNA	Ma. 05 Da. 05 Yr. 23	None-0 3 Pt-1 10 Pt-2	Code 0 F 2	Ma. 04 Da. 08 Yr. 57
7. SCD	8. CSC Recd.	9. CSC Or Other Legal Authority	10. Admt. Affidav.	11. FEGLI	12. LCD
Ma. 04 Da. 08 Yr. 57	Yes - 1 No - 2	Code 1 50 USCA 403	Ma. 04 Da. 08 Yr. 57	Code 0 No - 2	Ma. 04 Da. 08 Yr. 57
13. Min. Service Req'd Yes - 1 No - 2					

PREVIOUS ASSIGNMENT

14. Organizational Designations	Code	15. Location Of Official Station	Station Code		
DDP CI STAFF SPECIAL PROJECTS DIV PROJECTS BRANCH	5412	WASH., D. C.	75013		
16. Dept. - Field	17. Position Title	18. Position No.	19. Serv. 20. Occup. Series		
Dept - 8 USInd - 4 Frpn - 6	Code 2 INTEL CLK	0151.05	GS 0301.27		
21. Grade & Step	22. Salary Or Rate	23. SD	24. Date Of Grade	25. PSI Due	26. Appropriation Number
04 2	\$ 3850	DS	Ma. 04 Da. 08 Yr. 57	Ma. 04 Da. 20 Yr. 58	8 2705 27

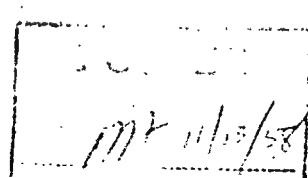
ACTION

27. Nature Of Action	Code	28. Eff. Date	29. Type Of Employee	Code	30. Separation Data
PROMOTION	30	11-02-58	REGULAR	01	

PRESENT ASSIGNMENT

31. Organizational Designations	Code	32. Location Of Official Station	Station Code		
DDP CI STAFF SPECIAL PROJECTS DIV PROJECTS BRANCH	5412	WASH., D.C.	75013		
33. Dept. - Field	34. Position Title	35. Position No.	36. Serv. 37. Occup. Series		
Dept - 8 USInd - 4 Frpn - 6	Code 2 INTEL CLK	0151.05	GS 0301.27		
38. Grade & Step	39. Salary Or Rate	40. SD	41. Date Of Grade	42. PSI Due	43. Appropriation Number
05 1	\$ 4040	DS	Ma. 11 Da. 102 Yr. 58	Ma. 11 Da. 101 Yr. 59	9 2700 87 001

44. Remarks



SECRET

GENERAL SCHEDULE SALARY INCREASE RETROACTIVELY EFFECTIVE

12 JANUARY 1958 AUTHORIZED BY P. L. RS - 462 AND DCT

DIRECTIVE. SALARY AS OF 15 JUNE 1959 ADJUSTED AS FOLLOWS

NAME	SERIAL	GRADE-STEP	OLD SALARY	NEW SALARY
TARASOFF ANNA	125935	GS-04-2	\$ 3,500	\$ 3,550

GORDON M. STEWART
/S/ DIRECTOR OF PERSONNEL

SECRET

SECRET
(WHEN FILLED IN)

2705

1. EMP. SERIAL NO.	2. NAME	3. ASSIGNED ORGAN.	4. FUNDS	5. ALLOTMENT				
125935	TARASOFF ANNA	125 C1	V-20	1507				
6. OLD SALARY RATE			7. NEW SALARY RATE					
GRADE	STEP	SALARY	LAST EFFECTIVE DATE	GRADE	STEP	SALARY	EFFECTIVE DATE	
GS 4	1	\$ 3,415	04 08 57	GS 4	2	\$ 3,500	04 20 58	
TO BE COMPLETED BY THE OFFICE OF COMPTROLLER								
9. CHECK ONE			10. NUMBER OF HOURS LWOP					
<input checked="" type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP								
IF EXCESS LEAVE LWOP, CHECK FOLLOWING:								
<input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD								
<input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD								
11. INITIALS OF CLERK <i>[initials]</i>								
12. PROJECTED SALARY RATE AND EFFECTIVE DATE								
GRADE	STEP	SALARY	NO.	DA.	YR.	13. REMARKS		
14. AUTHENTICATION								
<i>[Handwritten signatures and initials over the signature line]</i>								

SECRET
(WHEN FILLED IN)

1. EMP. SERIAL NO.	2. NAME	3. ASSIGNED ORGAN.	4. FUNDS	5. ALLOTMENT				
125935	TARASOFF ANNA	125 - 51	V-20					
6. OLD SALARY RATE			7. NEW SALARY RATE					
GRADE	STEP	SALARY	LAST EFFECTIVE DATE	GRADE	STEP	SALARY	EFFECTIVE DATE	
GS 4	1	\$ 3,415	04 08 57	GS 4	2	\$ 3,500	04 20 58	
REMARKS								
CERTIFICATION								

I CERTIFY THAT THE SERVICE AND CONDUCT OF THE ABOVE NAMED EMPLOYEE ARE SATISFACTORY.

SECRET
(When Filled In)

MCM 7 MAR 58		NOTIFICATION OF PERSONNEL ACTION										
1. Serial No.	2. Name (Last-First-Middle)			3. Date Of Birth	4. Vet. Prof.	5. Sex	6. CS. EOD					
125935	TARASOFF ANNA			Mo. Da. Yr.	Non-0 5 Pt-1 10 Pt-2	Code 0	F 2	Mo. Da. Yr.	04	08	57	
7. SCD	8. CSC Recd.			9. CSC Or Other Legal Authority			10. Agent. Alt/adv.	11. FEGLI	12. LCD	13. Mili. Recd.		
Mo. Da. Yr.	Yes - 1 No - 2	Code 1	50 USCA 403 J			Mo. Da. Yr.	Yes - 1 No - 2	Code 04	Mo. Da. Yr.	08	57	Code 2

PREVIOUS ASSIGNMENT

14. Organizational Designations		Code	15. Location Of Official Station		Station Code
DDS OFFICE OF PERSONNEL PERSONNEL ASSIGNMENT DIV PLACEMENT BR CLERICAL INTERIM ASSIGNMENT SECT		2931	WASH., D. C.		75013
16. Dept. - Field	17. Position Title		18. Position No.	19. Serv.	20. Occup. Series
Dept - 8 USId - 4 Frgn - 6	Code 2	CLERK		GS	0301.26
21. Grade & Step	22. Salary Or Rate	23. SD	24. Date Of Grade	25. PSI Due	26. Appropriation Number
04 1	\$ 3415	UD	Mo. Da. Yr. 04 08 57	Mo. Da. Yr. 04 20 58	8 6509 20

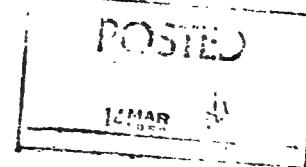
ACTION

27. Nature Of Action	Code	28. Eff. Date	29. Type Of Employee	Code	30. Separation Data
REASSIGNMENT	57	03 09 58	REGULAR	01	

PRESENT ASSIGNMENT

31. Organizational Designations		Code	32. Location Of Official Station		Station Code
DDP CI STAFF SPECIAL PROJECTS DIV PROJECTS BRANCH		5412	WASH., D. C.		75013
33. Dept. - Field	34. Position Title		35. Position No.	36. Serv.	37. Occup. Series
Dept - 8 USId - 4 Frgn - 6	Code 2	INTEL CLK	0151.05	GS	0301.27
38. Grade & Step	39. Salary Or Rate	40. SD	41. Date Of Grade	42. PSI Due	43. Appropriation Number
04 1	\$ 3415	DS	Mo. Da. Yr. 04 08 57	Mo. Da. Yr. 04 20 58	8 2705 27

44. Remarks



SECRET

(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

ARE: 24 JAN 1958

1. Serial No.	2. Name (Last-First-Middle)	3. Date Of Birth	4. Vet. Prof.	5. Sex	6. CS - EOD
125935	TARASOFF ANNA	Mo. Da. Yr. 05 05 23	Non-O Code 5 Pt-1 10 Pt-2 O	F 2	Mo. Da. Yr. 04 08 57
7. SCD	8. CSC Retmt.	9. CSC Or Other Legal Authority	10. Apmt. Affidav.	11. FEGLI	12. LCD
Mo. Da. Yr. 04 08 57	Yes - 1 Code No - 2 1	50 USCA 403 J	Mo. Da. Yr. Yes-1 Code No-2 04	Mo. Da. Yr. 04 08 57	Yes - 1 Code No - 2 2

PREVIOUS ASSIGNMENT

14. Organizational Designations DDP FI STAFF DIV D PROJECT ANNEX PROJECT PB JOINTLY BRANCH 2 SECTION B	Code	15. Location Of Official Station WASH., D. C.	Station Code
16. Dept. Field Dept - 9 Code USId - 4 2 Frgn - 6	17. Position Title CLERK	18. Position No. 8073.12/907	19. Serv. 20. Occup. Series GS 0301.26
21. Grade & Step 04 1	22. Salary Or Rate \$ 3415	23. SD DS	24. Date Of Grade Mo. Da. Yr. 25. PSI Due Mo. Da. Yr. 26. Appropriation Number 8 2306 23

ACTION

27. Nature Of Action REASSIGNMENT	Code 57	28. EH. Date 01 1 26 58	29. Type Of Employee REGULAR	Code 30. Separation Data 01
--------------------------------------	------------	----------------------------	---------------------------------	-----------------------------------

PRESENT ASSIGNMENT

31. Organizational Designations DDS OFFICE OF PERSONNEL PERSONNEL ASSIGNMENT DIV PLACEMENT BR CLERICAL INTERIM ASSIGNMENT SECT	Code 2931	32. Location Of Official Station WASH., D. C.	Station Code 75013		
33. Dept. - Field Dept - 9 Code USId - 4 2 Frgn - 6	34. Position Title CLERK	35. Position No. GS	36. Serv. 37. Occup. Series 0301.26		
38. Grade & Step 04 1	39. Salary Or Rate \$ 3415	40. SD UD	41. Date Of Grade Mo. Da. Yr. 04 08 57	42. PSI Due Mo. Da. Yr. 04 20 58	43. Appropriation Number 8 6509 20

44. Remarks

3 FEB
1958
G-4

SECRET

STANDARD FORM 50 (13 PART)
1 APRIL 1951
PRODUCED BY
U. S. CIVIL SERVICE COMMISSION
CHAPTER ONE, FEDERAL PERSONNEL REGULATIONS

CENTRAL INTELLIGENCE AGEN

NOTIFICATION OF PERSONNEL ACTION

4. PERSONNEL FOLDER COPY

★ U. S. GOVERNMENT PRINTING OFFICE: 1950-373647

STANDARD FORM 50 (10 PART)
REV. APRIL 1951
PROVISED BY
U. S. CIVIL SERVICE COMMISSION
CHAPTER VI, FEDERAL PERSONNEL MANUAL

CENTRAL INTELLIGENCE AGENCY

P.C. 19 Mar 1957
C-8203 1v1

NOTIFICATION OF PERSONNEL ACTION

1. NAME (Last, first, middle given name, initial(s), and surname)		2. DATE OF BIRTH		3. JOURNAL OR ACTION NO.		4. DATE																																									
Mrs. ARITA TAKASUEY 125935		5 May 1923				8 Apr 1957																																									
<i>This is to notify you of the following action affecting your employment:</i>																																															
5. NATURE OF ACTION (use STANDARD TERMINOLOGY)		6. EFFECTIVE DATE		7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY																																											
ACCEPTED APPOINTMENT		13		8 Apr 1957		50 USC 403																																									
FROM		8. POSITION TITLE		TO																																											
		Clark BU#5423																																													
		GS-0301.26-4 \$3415.00 per annum																																													
		9. SERVICE, SERIES, GRADE, SALARY																																													
		10. ORGANIZATIONAL DESIGNATIONS																																													
		293199																																													
		11. HEADQUARTERS																																													
		2																																													
FIELD		DEPARTMENTAL		FIELD		DEPARTMENTAL																																									
13. VETERAN'S PREFERENCE				14. POSITION CLASSIFICATION ACTION																																											
<table border="1"> <tr> <td>SOME</td> <td>WWII</td> <td>OTHER</td> <td>3 PT</td> <td>10-POINT</td> <td></td> <td></td> <td></td> </tr> <tr> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				SOME	WWII	OTHER	3 PT	10-POINT				X								<table border="1"> <tr> <td>NEW</td> <td>VICE</td> <td>I. A.</td> <td>REAL</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>				NEW	VICE	I. A.	REAL																				
SOME	WWII	OTHER	3 PT	10-POINT																																											
X																																															
NEW	VICE	I. A.	REAL																																												
15. APPROPRIATION				16. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)																																											
FROM: 2 7 W TO: 7-6509-20 750-13				17. DATE OF APPOINT- MENT AFFIDAVIT (ACKNOWLEDGEMENTS ONLY)																																											
				18. DATE OF APPOINT- MENT AFFIDAVIT (ACKNOWLEDGEMENTS ONLY)																																											
				19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:																																											
20. REMARKS: RC-153 Subject to the satisfactory completion of a trial period of one year. Subject to the satisfactory completion of a medical examination.																																															
DOB: 04/08/57 CSEOD: 04/08/57 LCD: 04/08/57 ECD: 04/08/57 PEI due: 04/20/58																																															
<table border="1"> <tr> <td colspan="8">POSTED</td> </tr> <tr> <td colspan="8">15-23</td> </tr> </table>								POSTED								15-23																															
POSTED																																															
15-23																																															
ENTRANCE PERFORMANCE RATING:																																															
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Director of Personnel																																															
4. PERSONNEL FOLDER COPY																																															

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER 25935		
GENERAL						
1. NAME TARASOFF, ANNA		2. DATE OF BIRTH 5 May 1923	3. SEX F	4. GRADE GS-6	5. SD D	
6. OFFICIAL POSITION TITLE INTELLIGENCE CLERK		7. OFF/DIV/BR. OF ASSIGNMENT DDP CI STAFF/SIG/PROJ		8. CURRENT STATION HEADQUARTERS		
9. CHECK (X) TYPE OF APPOINTMENT CAREER RESERVE TEMPORARY CAREER-PROVISIONAL (See Instructions - Section C) SPECIAL (Specify) 31 July 1963		10. CHECK (X) TYPE OF REPORT INITIAL ANNUAL SPECIAL (Specify): Terminal REASSIGNMENT SUPERVISOR REASSIGNMENT EMPLOYEE				
11. DATE REPORT DUE IN O.P. 31 July 1963		12. REPORTING PERIOD (From- To-) 1 July 1962 - 30 June 1963				
SECTION B PERFORMANCE EVALUATION						
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>						
SPECIFIC DUTIES						
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).						
SPECIFIC DUTY NO. 1 Transliterates Russian material		RATING LETTER P				
SPECIFIC DUTY NO. 2 Checks Project material which entails transliterating from the Cyrillic		RATING LETTER P				
SPECIFIC DUTY NO. 3 Takes over some supervisory duties during supervisor's absence		RATING LETTER A				
SPECIFIC DUTY NO. 4 Operates Xerox machine		RATING LETTER A				
SPECIFIC DUTY NO. 5 Guides others in Project learning Russian transliteration		RATING LETTER A				
SPECIFIC DUTY NO. 6		RATING LETTER				
OVERALL PERFORMANCE IN CURRENT POSITION						
<p>Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.</p> <p>20 JUN 1963</p>						
<table border="1" style="float: right; margin-right: 10px;"> <tr> <td>GROUP I Selected from questions concerning: - Cooperativeness - Productivity - Conduct on Job - Personal Traits</td> </tr> </table>						GROUP I Selected from questions concerning: - Cooperativeness - Productivity - Conduct on Job - Personal Traits
GROUP I Selected from questions concerning: - Cooperativeness - Productivity - Conduct on Job - Personal Traits						
SECRET						

SECRET

(When Filled In)

OFFICE OF PERSONNEL

SECTION C**NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

MAIL ROOM

Subject's Russian transliteration work is neat and accurate. This work she has been able to do without strong support of the office.

Recently she has assisted some of the new Project employees in learning Russian transliteration.

She has taken over in an acceptable manner some of the supervisory duties during the absence of the supervisor.

SECTION D**CERTIFICATION AND COMMENTS**

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

SIGNATURE OF EMPLOYEE

7 June 63

Anna Tarewoff

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN
UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

27 months

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

7 June 63

Intelligence Assistant

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

7 June 63

Chief, of Project

T. K. Chalmers
T. K. Chalmers

SECRET

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER		
				25935		
GENERAL						
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH		3. SEX	4. GRADE	
TARASOFF Anna		5 May 1923		P	GS-6 D	
6. OFFICIAL POSITION TITLE		7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION		
INTELLIGENCE CLERK		DDP/CI/SIG/PROJ				
9. CHECK (X) TYPE OF APPOINTMENT						
CAREER	RESERVE	TEMPORARY	X	INITIAL	REASSIGNMENT SUPERVISOR	
CAREER-PROVISIONAL (See Instructions - Section C)			ANNUAL REASSIGNMENT EMPLOYEE			
SPECIAL (Specify):			SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.		12. REPORTING PERIOD (From To)				
31 July 1962		30 June 1961 - 30 June 1962				
SECTION B PERFORMANCE EVALUATION						
W - Weak	Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment, or to separation. Describe action taken or proposed in Section C.					
A - Adequate	Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.					
P - Proficient	Performance is more than satisfactory. Desired results are being produced in a proficient manner.					
S - Strong	Performance is characterized by exceptional proficiency.					
O - Outstanding	Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.					
SPECIFIC DUTIES						
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).						
SPECIFIC DUTY NO. 1						RATING LETTER
Transliterates Russian material.					P	
SPECIFIC DUTY NO. 2						RATING LETTER
Operates Verifax machine.					A	
SPECIFIC DUTY NO. 3						RATING LETTER
Checks Project material which entails transliterating from the Cyrillic.					A	
SPECIFIC DUTY NO. 4						RATING LETTER
Takes over some Supervisory duties during absence of Supervisor.					A-	
SPECIFIC DUTY NO. 5						RATING LETTER
SPECIFIC DUTY NO. 6						RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION						RATING LETTER
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						A

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

Subject does her job without strong support of the office and her transliteration work is neat and accurate. She has taken over some of the supervisory duties during the absence of the supervisor in a satisfactory manner.

SECTION D

CERTIFICATION AND COMMENTS

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE	SIGNATURE OF EMPLOYEE	
3 August 1962	<i>Anne Tarasoff</i>	
BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
3 August 1962	Intelligence Assistant	<i>[Signature]</i>

3. COMMENTS OF REVIEWING OFFICIAL

Cover -

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
3 August 1962	Chief, CI-Project	<i>T. K. Chalmers T.K. Chal</i>

SECRET

SECRET
(When Filled In)

FITNESS REPORT			EMPLOYEE SERIAL NUMBER	
GENERAL			125935	
SECTION A				
1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH		3. SEX	
TARASOFF Anna	5 MAY 1923		F	
4. GRADE	GS-6			
5. SERVICE DESIGNATION	6. OFFICIAL POSITION TITLE			
D	INTELLIGENCE CLERK			
7. OFF/DIV/BR OF ASSIGNMENT		DDP/C1/SIG PROJ		
8. CAREER STAFF STATUS		9. TYPE OF REPORT		
NOT ELIGIBLE	MEMBER	DEFERRED	INITIAL	
X PENDING	DECLINED	DENIED	X ANNUAL	
10. DATE REPORT DUE IN O.P.		11. REPORTING PERIOD		
31 JULY 1961		30 JUNE 60 - 30 JUNE 61		
12. EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES				
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).				
1. Unsatisfactory	2. Barely adequate	3. Acceptable	4. Competent	
SPECIFIC DUTY NO. 1	RATING NO.	SPECIFIC DUTY NO. 4		RATING NO.
Transliterates Russian material.	4	Makos name checks.		5
SPECIFIC DUTY NO. 2	RATING NO.	SPECIFIC DUTY NO. 5		RATING NO.
Operates Verifax machine.	5			
SPECIFIC DUTY NO. 3	RATING NO.	SPECIFIC DUTY NO. 6		RATING NO.
Takes over some supervisory duties during absence of Supervisor.	3			
SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION				
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.				
<ul style="list-style-type: none"> 1. Performance in many important respects fails to meet requirements. 2. Performance meets most requirements but is deficient in one or more important respects. 3. Performance clearly meets basic requirements. 4. Performance clearly exceeds basic requirements. 5. Performance in every important respect is superior. 6. Performance in every respect is outstanding. 				
RATING NO. 3				
SECTION D DESCRIPTION OF THE EMPLOYEE				
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee				
1. Least possible degree	2. Limited degree	3. Normal degree	4. Above average degree	5. Outstanding degree
CHARACTERISTICS			NOT APPLICABLE	NOT OB. SERVED
GET'S THINGS DONE				
RESOURCEFUL				
ACCEPTS RESPONSIBILITIES				
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES				
DOES HIS JOB WITHOUT STRONG SUPPORT				
FACILITATES SMOOTH OPERATION OF HIS OFFICE				
WRITES EFFECTIVELY				
SECURITY CONSCIOUS				
THINKS CLEARLY				
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS				
OTHER (Specify):				
SEE SECTION "E" ON REVERSE SIDE				

~~SECRET~~

(When Filled In) C-1

FITNESS REPORT			EMPLOYEE SERIAL NUMBER 125935																																																																																																																																																
GENERAL																																																																																																																																																			
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH		3. SEX	4. GRADE																																																																																																																																														
TARASOFF, Anna		5 May 1923		P	GS-6																																																																																																																																														
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D		INTELL CLERK		DDP/CI STAFF/SIG/FSQJ																																																																																																																																															
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10. DATE REPORT DUE IN O.P.		11. REPORTING PERIOD		SPECIAL (Specify)																																																																																																																																															
30 April 1961		From 31 March 60 - 31 March 61 To																																																																																																																																																	
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SPECIFIC DUTY NO. 1 Transliterates Russian material.		RATING NO. 4	SPECIFIC DUTY NO. 4 Makes name checks.		RATING NO. 5																																																																																																																																														
SPECIFIC DUTY NO. 2 Operates Verifax machine.		RATING NO. 5	SPECIFIC DUTY NO. 5		RATING NO.																																																																																																																																														
SPECIFIC DUTY NO. 3 Takes over some supervisory duties during absence of Supervisor.		RATING NO. 3	SPECIFIC DUTY NO. 6		RATING NO.																																																																																																																																														
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SECRET OFFICE
*(When Filled In)***SECTION E****NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE**

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTION S, B, C, and D to provide the best basis for determining future personnel actions.

No further comments to be added to previous report. *Mail soon*

SECTION F**CERTIFICATION AND COMMENTS****1.****BY EMPLOYEE**

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE

12 April 1961

SIGNATURE OF EMPLOYEE*Anne T. Macmillan***2.****BY SUPERVISOR****MONTHS EMPLOYEE HAS BEEN
UNDER MY SUPERVISION**

App. 3 years

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION**IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.****EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS****REPORT MADE WITHIN LAST 90 DAYS****OTHER (Specify):****DATE**

12 April 1961

OFFICIAL TITLE OF SUPERVISOR

Intelligence Assistant

TYPED OR PRINTED NAME AND SIGNATURE**3.****BY REVIEWING OFFICIAL**

I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL**DATE**

12 April '61

OFFICIAL TITLE OF REVIEWING OFFICIAL

Chief, CI-Project

TYPED OR PRINTED NAME AND SIGNATURE*T. K. Chandy***SECRET**

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NO. 125935	
GENERAL					
1. NAME (Last) TARASOFF		(First) Anna	(Middle)	2. DATE OF BIRTH 5 May 1923	
3. SERVICE DESIGNATION SD/D		4. OFFICIAL POSITION TITLE Intelligence Clerk		5. SEX F 6. GRADE GS-05	
7. OFF/DIV/BR OF ASSIGNMENT DDP/CIA/SID-Projects					
8. CAREER STAFF STATUS				9. TYPE OF REPORT	
<input checked="" type="checkbox"/> NOT ELIGIBLE	MEMBER	DEFERRED	INITIAL	REASSIGNMENT/SUPERVISOR	
PENDING	DECLINED	DENIED	<input checked="" type="checkbox"/> ANNUAL	REASSIGNMENT/EMPLOYEE	
10. DATE REPORT DUE IN O.P. 30 April 1960		11. REPORTING PERIOD From Apr 59 - 31 March 60 To		SPECIAL (Specify)	
EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
1. Unsatisfactory		2 - Barely adequate	3 - Acceptable	4 - Consistent	
SPECIFIC DUTY NO. 1 Transliterates Russian material.		RATING NO. 4	5 - Excellent 6 - Superior 7 - Outstanding		
			SPECIFIC DUTY NO. 4 Checks transliteration WORK OF OTHER Junior Analysts.		
SPECIFIC DUTY NO. 2 Operates Verifax machine.		RATING NO. 5	SPECIFIC DUTY NO. 5 Checks file list.		
SPECIFIC DUTY NO. 3 Takes over some Supervisory duties during absence of Supervisor.		RATING NO. 3	SPECIFIC DUTY NO. 6		
EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.					
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.					
RATING NO. 3					
DESCRIPTION OF THE EMPLOYEE					
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee					
1 - Least possible degree		2 - Limited degree	3 - Normal degree	4 - Above average degree	
5 - Outstanding degree					
CHARACTERISTICS			NOT APPLICABLE	NOT OBSERVED	RATING
GETS THINGS DONE					1 2 3 4 5
RESOURCEFUL					
ACCEPTS RESPONSIBILITIES					
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES					
DOES HIS JOB WITHOUT STRONG SUPPORT					
FACILITATES SMOOTH OPERATION OF HIS OFFICE					
WRITES EFFECTIVELY			X		
SECURITY CONSCIOUS					
THINKS CLEARLY					
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS			X		
OTHER (Specify):					
SEE SECTION "E" ON REVERSE SIDE					

SECRET

(When Filled In)

SECTION E**NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE**

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

This employee is a conscientious worker and willingly carries out all of her assignments within a reasonable length of time. Her transliteration work is accurate and fairly productive.

During the absence of the Supervisor, this employee has taken over some of the supervisory duties in an acceptable manner. However, it is believed that she requires more training in this field.

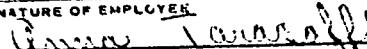
This employee is scheduled to take the Agency Basic Supervision course on 2 May 1960.

SECTION F**CERTIFICATION AND COMMENTS****BY EMPLOYEE**

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE

25 April 1960

SIGNATURE OF EMPLOYEE

2.**BY SUPERVISOR**

MONTHS EMPLOYEE HAS BEEN
UNDER MY SUPERVISION

Approximately 2 years

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE

25 April 1960

OFFICIAL TITLE OF SUPERVISOR

Intelligence Assistant

3.**BY REVIEWING OFFICIAL** I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION. I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION. I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION. I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE

25 April 1960

OFFICIAL TITLE OF REVIEWING OFFICIAL

Chief, CI-Project

TYPED OR PRINTED NAME AND SIGNATURE

T. K. Chalmers T.K. Chal

SECRET

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER 125935											
GENERAL															
1. NAME (Last) (First) (Middle) TARASOFF, Anna		2. DATE OF BIRTH 5 May 1923		3. SEX F	4. GRADE GS-05										
5. SERVICE DESIGNATION SD/DS		6. OFFICIAL POSITION TITLE Intelligence Clerk		7. OFF/DIV/BR OF ASSIGNMENT DDP/CI/SID - Projects											
8. CAREER STAFF STATUS <table border="1"><tr><td>X NOT ELIGIBLE</td><td>MEMBER</td><td>DEFERRED</td></tr><tr><td>PENDING</td><td>DECLINED</td><td>DENIED</td></tr></table>			X NOT ELIGIBLE	MEMBER	DEFERRED	PENDING	DECLINED	DENIED	9. TYPE OF REPORT <table border="1"><tr><td>INITIAL</td><td>REASSIGNMENT/SUPERVISOR</td></tr><tr><td>X ANNUAL</td><td>REASSIGNMENT/EMPLOYEE</td></tr></table>			INITIAL	REASSIGNMENT/SUPERVISOR	X ANNUAL	REASSIGNMENT/EMPLOYEE
X NOT ELIGIBLE	MEMBER	DEFERRED													
PENDING	DECLINED	DENIED													
INITIAL	REASSIGNMENT/SUPERVISOR														
X ANNUAL	REASSIGNMENT/EMPLOYEE														
10. DATE REPORT DUE IN O.P. 30 April 1959		11. REPORTING PERIOD 22 Oct 58 thru Apr 59		12. SPECIAL (Specify)											
EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES															
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).															
1 - Unsatisfactory		2 - Barely adequate		3 - Acceptable											
SPECIFIC DUTY NO. 1 Checks transliteration material of Junior Analysts.		RATING NO. 3	SPECIFIC DUTY NO. 4		RATING NO.										
SPECIFIC DUTY NO. 2 Transliterates Russian material into English.		RATING NO. 4	SPECIFIC DUTY NO. 5		RATING NO.										
SPECIFIC DUTY NO. 3 Operates Verifax machine.		RATING NO. 4	SPECIFIC DUTY NO. 6		RATING NO.										
EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION															
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.															
<ul style="list-style-type: none"> 1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding. 															
SECTION D DESCRIPTION OF THE EMPLOYEE In the rating boxes below, check (X) the degree to which each characteristic applies to the employee															
1 - Least possible degree		2 - Limited degree		3 - Normal degree											
4 - Above average degree		5 - Outstanding degree													
CHARACTERISTICS				NOT APPL-CABLE	NOT OBSERVED										
GETS THINGS DONE					X										
RESOURCEFUL					X										
ACCEPTS RESPONSIBILITIES					X										
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES					X										
DOES HIS JOB WITHOUT STRONG SUPPORT					X										
FACILITATES SMOOTH OPERATION OF HIS OFFICE				X											
WRITES EFFECTIVELY					X										
SECURITY CONSCIOUS					X										
THINKS CLEARLY					X										
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS				X											
OTHER (Specify):															
SEE SECTION "E" ON REVERSE SIDE															

SECRET

(When Filled In)

SECTION E**NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE**

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

This employee is a steady, diligent, and conscientious worker. Her transliteration work is accurate and productive. She has a native language ability in Russian which is a definite aid in her transliteration work.

Although this employee's work is productive, her rate of production generally remains at a fixed level, with no substantial increase or decrease. This is probably due to the fact that there are no other girls with whom she can compete because of other duties being assigned to them, or this employee may be of a non-competitive type.

This employee, although she does not meet the Agency qualifications in typing, has taken the Agency's Refresher Course in Typing. However, this course was too advanced for her and she will probably require additional training and more practice before she can become a qualified typist.

Employee's husband is employed within the Agency in the Foreign Documents Division.

It is believed that this employee has first line supervisory potential insofar as her ability to get along with people and her unwavering interest in her work are concerned. However, she will require the necessary training along this line before she would be capable of undertaking such supervisory duties.

SECTION F**CERTIFICATION AND COMMENTS**

BY EMPLOYEE

1.

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE

9 April 1959

SIGNATURE OF EMPLOYEE

Lillian T. Chalmers

BY SUPERVISOR

2.

MONTHS EMPLOYEE HAS BEEN
UNDER MY SUPERVISION

10

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE

9 April 1959

OFFICIAL TITLE OF SUPERVISOR

Intelligence Assistant

TYPED OR PRINTED NAME AND SIGNATURE

3.

BY REVIEWING OFFICIAL

I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE

9 April 1959

OFFICIAL TITLE OF REVIEWING OFFICIAL

Chief, CI-Project

TYPED OR PRINTED NAME AND SIGNATURE

T. K. Chalmers

T.K.Cha

SECRET

SECRET

(When Filled In).

FITNESS REPORT (Part I) PERFORMANCE

INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-370. It is recommended that you read the entire form before completing any question. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in item 8, of Section "A" below.

GENERAL			
1. NAME Tarasoff, Anna	(Last) (First) (Middle)	2. DATE OF BIRTH 5/5/23	3. SEX F
4. SERVICE DESIGNATION SD:DS		5. OFFICIAL POSITION TITLE Intel Clk	
6. OFFICE/DIVISION/BRANCH OF ASSIGNMENT DDP/CI Staff/SID Proj.	7. GRADE C8-4		
8. DATE REPORT DUE IN OR 21 October 1958		9. PERIOD COVERED BY THIS REPORT (Inclusive dates) 23 June 1958--22 October 1958	
10. TYPE OF REPORT (Check one) INITIAL	ANNUAL	REASSIGNMENT-SUPERVISOR REASSIGNMENT-EMPLOYEE	SPECIAL (Specify) Possible promotion

SECTION B.

1. FOR THE RATER: THIS REPORT HAS HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY
NOT:

A. CHECK (X) APPROPRIATE STATEMENTS		
<input checked="" type="checkbox"/> THIS REPORT REFLECTS MY OWN OPINION OF THIS INDIVIDUAL.		IF INDIVIDUAL IS RATED "D" IN C1 OR D, A WARNING LETTER WAS SENT TO HIM & A COPY ATTACHED TO THIS REPORT.
<input type="checkbox"/> THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS.		I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW TO EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify):
<input checked="" type="checkbox"/> I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS.		
B. THIS DATE 21 October 1958	C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR T.K. Chalmers	D. SUPERVISOR'S OFFICIAL TITLE Intelligence Asst.

2. FOR THE REVIEWING OFFICIAL: RECORD ANY SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

A. THIS DATE 21 October 1958	B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL T.K. Chalmers	C. OFFICIAL TITLE OF REVIEWING OFFICIAL Chief, C/I Project
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SECTION C. JOB PERFORMANCE EVALUATION

1. RATING ON GENERAL PERFORMANCE OF DUTIES	DIRECTIONS: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D.	
1. DOES NOT PERFORM DUTIES ADEQUATELY. HE IS INCOMPETENT. 2. BARELY ADEQUATE IN PERFORMANCE. ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES. 3. PERFORMS MOST OF HIS DUTIES ACCEPTABLY; OCCASIONALLY REVEALS SOME AREA OF DEFICIENCY. 4. PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER. 5. A FINE PERFORMANCE; CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL. 6. PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE SUPERVISOR.		
4	BY	DATE 29 Oct 1958
INSERT RATING NUMBER	Comments: Performance	

SECRET

(When Filled In)

RATINGS ON PERFORMANCE OF SPECIFIC DUTIES

DIRECTIONS:

a. State in the spaces below up to six of the more important SPECIFIC duties performed during rating period.
 Place the most important first. Do not include minor or unimportant duties.

b. Rate performance on each specific duty considering ONLY effectiveness in the performance of this specific duty.

c. For supervisors, ability to supervise will always be rated as a specific duty, ~~but not rate as supervisor those who supervise a secretary only~~.

d. Compare, in your mind, when possible, the individual being rated with others performing the same duty at a similar level of responsibility.

e. Two individuals with the same job title may be performing different duties. If so, rate ~~them~~ on different duties.

f. Be specific. Examples of the kind of duties that might be rated are:

ORAL BRIEFING	HAS AND USES AREA KNOWLEDGE
GIVING LECTURES	DEVELOPS NEW PROGRAMS
CONDUCTING SEMINARS	ANALYZES INDUSTRIAL REPORTS
WRITING TECHNICAL REPORTS	MANAGES FILES
CONDUCTING EXTERNAL LIAISON	OPERATES RADIO
TYPING	COORDINATES WITH OTHER OFFICES
TAKING DICTATION	WRITES REGULATIONS
SUPERVISING	PREPARES CORRESPONDENCE

g. For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.

OFFICE OF

REGIONS

ON H&S

DEPARTMENT

H&S

SECTION

102 PH 158

MAIL ROOM

SECTION

102 PH 158

SECTION

1

SECRET

(When Filled In)

FITNESS REPORT (Part II) POTENTIAL

INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is a privileged communication to your supervisor, and to appropriate career management and personnel officials concerning the potential of the employee being rated. It is NOT to be shown to the rated employee. It is recommended that you read the entire report before completing any question. This report is to be completed only after the employee has been under your supervision FOR AT LEAST 90 DAYS. If less than 90 days, hold and complete after the 90 days has closed. If this is the INITIAL REPORT on the employee, however, it MUST be completed and forwarded to the DDC no later than 30 days after the date indicated in item 8 of Section "E" below.

GENERAL					
SECTION E.					
1. NAME (Last)	(First)	(Middle)	2. DATE OF BIRTH	3. SEX	4. SERVICE DESIGNATION
Tarasoff,	Anna		5/5/23	F	SD:DS
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT			6. OFFICIAL POSITION TITLE		
DDP/CI Staff/SID Proj.			Intel Clk		
7. GRADE	8. DATE REPORT DUE IN OP	9. PERIOD COVERED BY THIS REPORT (Inclusive dates)			
GS-4		23 June 1958-22 October 1958			
10. TYPE OF REPORT (Check one)	INITIAL	CLASSIFICATION/PERIOD		SPECIAL (Specify)	
	ANNUAL	REASSIGNMENT/EMPLOYEE		Possible promotion	

CERTIFICATION					
SECTION F.					
1. FOR THE RATER:	I CERTIFY THAT THIS REPORT REPRESENTS MY BEST JUDGEMENT OF THE INDIVIDUAL BEING RATED				
4. THIS DATE	B. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR		C. SUPERVISOR'S OFFICIAL TITLE		
21 October 1958			Intelligence Asst.		
2. FOR THE REVIEWING OFFICIAL:	I HAVE REVIEWED THIS REPORT AND NOTED ANY DIFFERENCE OF OPINION IN ATTACHED MEMO.				
4. THIS DATE	B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL		C. OFFICIAL TITLE OF REVIEWING OFFICIAL		
21 October 1958	T.K. Chalmers		Chief, CI/Project		

ESTIMATE OF POTENTIAL					
SECTION G.					
1. POTENTIAL TO ASSUME GREATER RESPONSIBILITIES					
DEFINITION: Considering others of his grade and type of assignment, rate the employee's potential to assume greater responsibilities. Think in terms of the kind of responsibility encountered at the various levels in his kind of work.					
<p><input checked="" type="checkbox"/> 1 - ALREADY ABOVE THE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED</p> <p><input type="checkbox"/> 2 - HAS REACHED THE HIGHEST LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED</p> <p><input type="checkbox"/> 3 - MAKING PROGRESS, BUT NEEDS MORE TIME BEFORE HE CAN BE TRAINED TO ASSUME GREATER RESPONSIBILITIES</p> <p><input type="checkbox"/> 4 - READY FOR TRAINING IN ASSUMING GREATER RESPONSIBILITIES</p> <p><input type="checkbox"/> 5 - WILL PROBABLY ADJUST QUICKLY TO MORE RESPONSIBLE DUTIES WITHOUT FURTHER TRAINING</p> <p><input type="checkbox"/> 6 - ALREADY ASSUMING MORE RESPONSIBILITIES THAN EXPECTED AT HIS PRESENT LEVEL</p> <p><input type="checkbox"/> 7 - AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR EARLY ASSUMPTION OF HIGHER LEVEL RESPONSIBILITIES</p>					
RATING NUMBER	6				

2. SUPERVISORY POTENTIAL					
SECTION H.					
DEFINITION: Answer this question: Does this person the ability to be a supervisor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If your answer is YES, indicate below your opinion or guess of the level of supervisory ability this person will reach AFTER SUITABLE TRAINING. Indicate your opinion by placing the number of the descriptive rating below which comes closest to expressing your opinion in the appropriate column. If your rating is based on observing him supervise, note your rating in the "Actual" column. If based on opinion of his potential, note the rating in the "potential" column.					
DESCRIPTIVE RATING NUMBER	0 - HAVE NO OPINION ON HIS SUPERVISORY POTENTIAL IN THIS SITUATION				
1 - BELIEVE INDIVIDUAL WOULD BE A WEAK SUPERVISOR IN THIS KIND OF SITUATION					
2 - BELIEVE INDIVIDUAL WOULD BE AN AVERAGE SUPERVISOR IN THIS KIND OF SITUATION					
3 - BELIEVE INDIVIDUAL WOULD BE A STRONG SUPERVISOR IN THIS SITUATION					

ACTUAL	POTENTIAL	DESCRIPTIVE SITUATION
	2	A GROUP DOING THE BASIC JOB (truck drivers, stereographers, technicians or professional specialists of various kinds) with contact with immediate subordinates is frequent (First line supervisor)
	1	A GROUP OF SUPERVISORS WHO DIRECT THE BASIC JOB (Second line supervisors)
	1	A GROUP WHO MAY OR MAY NOT BE SUPERVISORS, WHICH IS RESPONSIBLE FOR MAJOR PLANS, ORGANIZATION AND POLICY (Executive level)
	1	WHEN CONTACT WITH IMMEDIATE SUBORDINATES IS NOT FREQUENT
	1	WHEN IMMEDIATE SUBORDINATE ACTIVITIES ARE DIVERSE AND NEED CAREFUL COORDINATION
	1	WHEN IMMEDIATE SUBORDINATES INCLUDE MEMBERS OF THE OPPOSITE SEX
		OTHER (Specify)

SECRET

(When Filled In)

Oct 24

5 Months

4. COMMENTS CONCERNING POTENTIAL

Have no opinion concerning employee's potential at this time.

OFFICE OF PERSONNEL

Oct 24
02 PM '58

MAIL ROOM

SECTION H.

FUTURE PLANS

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL

On-the-job training is all that is necessary for this employee at this time.

2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENTS

Employee is a conscientious and diligent individual. She readily carries out the various duties assigned to her and shows a willingness to take on any additional assignments.

SECTION I.

DESCRIPTION OF INDIVIDUAL

DIRECTIONS: This section is provided as an aid to describing the individual as you see him on the job. Interpret the words literally. On the page below are a series of statements that apply in some degree to most people. To the left of each statement is a box under the heading "category." Read each statement and insert in the box the category number which best tells how much the statement applies to the person covered by this report.

X - HAVE NOT OBSERVED THIS; HENCE CAN GIVE NO OPINION AS TO HOW THE DESCRIPTION APPLIES TO THE INDIVIDUAL

CATEGORY NUMBER 1 - APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE
 2 - APPLIES TO INDIVIDUAL TO A LIMITED DEGREE
 3 - APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE
 4 - APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE
 5 - APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE

CATEGORY	STATEMENT	CATEGORY	STATEMENT	CATEGORY	STATEMENT
3	1. ABLE TO SEE ANOTHER'S POINT OF VIEW	4	11. HAS HIGH STANDARDS OF ACCOMPLISHMENT	3	21. IS EFFECTIVE IN DISCUSSIONS WITH ASSOCIATES
3	2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES	3	12. SHOWS ORIGINALITY	3	22. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS
3	3. HAS INITIATIVE	4	13. ACCEPTS RESPONSIBILITY	3	23. IS THOUGHTFUL OF OTHERS
3	4. IS ANALYTIC IN HIS THINKING	3	14. ADMITS HIS ERRORS	4	24. WORKS WELL UNDER PRESSURE
3	5. STRIVES CONSTANTLY FOR NEW KNOWLEDGE AND IDEAS	3	15. RESPONDS WELL TO SUPERVISION	3	25. DISPLAYS JUDGEMENT
3	6. KNOWS WHEN TO SEEK ASSISTANCE	4	16. DOES HIS JOB WITHOUT STRONG SUPPORT	4	26. IS SECURITY CONSCIOUS
3	7. CAN GET ALONG WITH PEOPLE	3	17. COMES UP WITH SOLUTIONS TO PROBLEMS	3	27. IS VERSATILE
3	8. HAS MEMORY FOR FACTS	3	18. IS OBSERVANT	3	28. HIS CRITICISM IS CONSTRUCTIVE
4	9. GETS THINGS DONE	3	19. THINKS CLEARLY	4	29. FACILITATES SMOOTH OPERATION OF HIS OFFICE
3	10. CAN COPE WITH EMERGENCIES	4	20. COMPLETES ASSIGNMENTS WITHIN ALLOWABLE TIME LIMITS	4	30. DOES NOT REQUIRE STRONG AND CONTINUOUS SUPERVISION

SECRET

SECRET

when fitted in

FITNESS REPORT (Part I) PERFORMANCE

INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICES: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-370. It is recommended that you read the entire form before completing any question. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in item 8. of Section 1 below.

SECTION A.				GENERAL		
1. NAME TARASOFF, Anna	(Last)	(First)	(Middle)	2. DATE OF BIRTH 5 May 1923	3. SEX F	4. SERVICE DESIGNATION DS
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT DDP/FT/D/PB				6. OFFICIAL POSITION TITLE Clerk		
7. GRADE GS-4	8. DATE REPORT DUE IN OP			9. PERIOD COVERED BY THIS REPORT (Inclusive dates) 14 July 1957 - 31 December 1957		
10. TYPE OF REPORT (Check one)		INITIAL	REASSIGNMENT-SUPERVISOR CLASSIFICATION-EMPLOYEE		SPECIAL (Specify)	
		ANNUAL	<input checked="" type="checkbox"/> REASSIGNMENT-EMPLOYEE			

SECTION B

SECTION B
1. FOR THE RATER: THIS REPORT HAS WAS NOT BEEN SHOWN TO THE INSTITUTIONAL REVIEW BOARD.

A. CHECK (X) APPROPRIATE STATEMENTS

<input checked="" type="checkbox"/>	THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.	IT IS RECOMMENDED THAT A COPY OF THIS REPORT BE MAILED TO THE SUPERVISOR WHO PREVIOUSLY HAD SUPERVISION OVER THIS INDIVIDUAL.
	THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS.	I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW TO EVALUATE HIS JOB PERFORMANCE BECAUSE (SPECIFY):
	I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS.	<i>[Signature]</i> SUPERVISOR'S OFFICIAL TITLE

B. THIS DATE
27 Dec 1944

31 Dec. 1954

2. FOR THE REVIEWING OFFICIAL: RECORD ANY SUBSTANTIAL DIFFERENCE OF OPINION OF THE SUPERVISOR, OR ANY OTHER INFORMATION WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

DATE
1/31/1980

consumed on NASA Form 38157

I certify that any substantial difference of opinion with the supervisor is reflected in the above section.

4. THIS DATE
5. SIGNATURE OF
OFFICIAL
6. POSITION
Sgt. Officer, FI/P/FB

Jan 19

JOB PERFORMANCE EVALUATION

SECTION C. PERFORMANCE OF DUTIES

DIRECTIONS: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D.

1. DOES NOT PERFORM DUTIES ADEQUATELY; HE IS INCOMPETENT.

2. BARELY ADEQUATE IN PERFORMANCE; ALTHOUGH HE HAS HAD SPECIFIC INSTRUCTION OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES.

3. PERFORMS MOST OF HIS DUTIES ACCEPTABLY; OCCASIONALLY REVEALS SOME AREA OF WEAKNESS.

4. PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER.

5. A FINE PERFORMANCE; CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.

6. PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE SUPERVISOR.

CONTENTS

SECRET

(When Filled In)

OFFICE OF PERSONNEL**2. RATINGS IN PERFORMANCE OF SPECIFIC DUTIES****DIRECTIONS:**

a. State in the spaces below up to six of the more important SPECIFIC duties performed during this rating period. Place the most important first. Do not include minor or unimportant duties.

b. Rate performance on each specific duty considering ONLY effectiveness in performance of that duty.

c. For supervisors, ability to supervise will always be rated as a specific duty (do not rate as supervisor those who supervise a secretary only).

d. Compare in your mind, when possible, the individual being rated with others performing the same duty at a similar level of responsibility.

e. Two individuals with the same job title may be performing different duties. If so, rate them on different duties.

f. Be specific. Examples of the kind of duties that might be rated are:

ORAL BRIEFING	HAS AND USES AREA KNOWLEDGE
GIVING LECTURES	DEVELOPS NEW PROGRAMS
CONDUCTING SEMINARS	ANALYZES INDUSTRIAL REPORTS
WRITING TECHNICAL REPORTS	MANGES FILES
CONDUCTING EXTERNAL LIAISON	OPERATES RADIO
TYPING	COORDINATES WITH OTHER OFFICES
TAKING DICTATION	WRITES REGULATIONS
SUPERVISING	PREPARES CORRESPONDENCE

g. For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.

DESCRIPTIVE RATING NUMBER	1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY	6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER
	2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY	7 - FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS
	3 - PERFORMS THIS DUTY ACCEPTABLY	8 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY
	4 - PERFORMS THIS DUTY IN A COMPETENT MANNER	
	5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB	
SPECIFIC DUTY NO. 1	RATING NUMBER	SPECIFIC DUTY NO. 4
Logging Intelligence Material	5+	
SPECIFIC DUTY NO. 2	RATING NUMBER	SPECIFIC DUTY NO. 5
Filing	5+	
SPECIFIC DUTY NO. 3	RATING NUMBER	SPECIFIC DUTY NO. 6
Related Clerical Duties	4+	

3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

DIRECTIONS: Stress strengths and weaknesses, particularly those which affect development on present job.

Individual very alert and she performs all her duties in an accurate, competent and thorough manner. She is a definite asset to the office.

SECTION D.		SUITABILITY FOR CURRENT JOB IN ORGANIZATION	
<p>DIRECTIONS: Take into account here everything you know about the individual....productivity, conduct in the job, pertinent personal characteristics or habits, special defects or talents....and how he fits in with your team. Compare him with others doing similar work of about the same level.</p> <p>1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED</p> <p>2 - DOUBTFUL SUITABILITY...WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW</p> <p>3 - A BARELY ACCEPTABLE EMPLOYEE...BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION</p> <p>4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION</p> <p>5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS</p> <p>6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION</p> <p>7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION</p>			
<input checked="" type="checkbox"/>	4+	<input type="checkbox"/>	6+
RATING NUMBER	IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF YES, EXPLAIN FULLY:		

SECRET

STANDARD FORM 56 REVISED JULY 1962 U. S. CIVIL SERVICE COMMISSION CHAPTER I-3, F.P.M. SF-104		AGENCY CERTIFICATION OF INSURANCE STATUS Federal Employees' Group Life Insurance Act		
1. FULL NAME OF EMPLOYEE Tarasoff Anna		(First)	(Middle)	2. DATE OF BIRTH (MONTH, DAY, YEAR) May 5, 1923
3. CHECK THE REASON FOR TERMINATING INSURANCE				
(a) <input checked="" type="checkbox"/> SEPARATED		(c) <input type="checkbox"/> DIED	(d) <input type="checkbox"/> 12 MONTHS NON-PAY STATUS	(e) <input type="checkbox"/> OTHER (Specify) _____
(b) <input type="checkbox"/> RETIRED		WAS EMPLOYEE AT TIME OF DEATH AN APPLICANT FOR CIVIL SERVICE RETIREMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
4. CHECK APPROPRIATE BOX CONCERNING S. F. 54 DESIGNATION OF BENEFICIARY				
(a) <input type="checkbox"/> CURRENT S. F. 54 ATTACHED		(b) <input checked="" type="checkbox"/> A CURRENT S. F. 54 IS NOT ON FILE WITH THIS AGENCY	(c) <input type="checkbox"/> A CURRENT S. F. 54 IS ON FILE IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER (OR EQUIVALENT)	
NOTE: IF EMPLOYEE (A) DIED OR (B) IS RETIRING OR RECEIVING FEDERAL EMPLOYEES' COMPENSATION UNDER CONDITIONS ENTITLING HIM TO RETAIN FREE LIFE INSURANCE, ATTACH CURRENT S. F. 54, IF ANY, TO ORIGINAL S. F. 56 AND CHECK BOX 4 (c) ON ORIGINAL AND ALL COPIES OF S. F. 56; IF NO CURRENT S. F. 54 IS ON FILE, CHECK BOX 4 (b). IN ALL OTHER CASES, SHOW WHETHER OR NOT CURRENT S. F. 54 IS ON FILE BY CHECKING BOX 4 (a) OR (c). A CURRENT S. F. 54 IS ONE THAT HAS NOT BEEN CANCELED BY EMPLOYEE OR AUTOMATICALLY BY TRANSFER OR PRIOR TERMINATION OF INSURANCE.				
5. DATE OF EVENT CHECKED IN ITEM 3 September 8, 1963		6. ANNUAL COMPENSATION RATE - NOT AMOUNT OF INSURANCE - (CONVERT DAILY, HOURLY, PIECEWORK, ETC. RATE TO ANNUAL RATE) ON DATE IN ITEM 5. \$ 5,545.00 PER ANNUM	7. DATE OF NOTICE OF CONVERSION PRIVILEGE (SF 55) TO EMPLOYEE (MONTH, DAY, YEAR) October 2, 1963	
8. I CERTIFY THAT THE ABOVE INFORMATION HAS BEEN OBTAINED FROM, AND CORRECTLY REFLECTS OFFICIAL RECORDS, AND THAT THE EMPLOYEE NAMED WAS COVERED BY FEDERAL EMPLOYEES' GROUP LIFE INSURANCE ON THE DATE SHOWN IN ITEM 5. (SIGN ORIGINAL ONLY)				
<input type="checkbox"/>		2 OCT 1963 (Personal signature of authorized agency official)		
<input type="checkbox"/>		(Date)		
<input type="checkbox"/>		(Type name of authorized agency official)		
<input type="checkbox"/>		(Title)		
<input type="checkbox"/>		P.O. Box 3521, Central Station, Arlington, Va 22203 (Name of agency)		
<input type="checkbox"/>		(Mailing address of agency)		

Concert (nu) Central Committee

SEE OTHER SIDE FOR INSTRUCTIONS TO EMPLOYING AGENCY

Standard Form No. 2099 CHAPTER I-FPM. 6-64 (Rev.)		FEDERAL EMPLOYEES HEALTH BENEFITS REGISTRATION FORM (Read L to bottom or back of last page). Use only uppercase or lowercase print.				CARRIER'S CONTROL NO 092790		
PART A ALL WHO REGISTER MUST FILE IN THIS PART.		1. NAME (LAST) TARASOFF	(FIRST) ANNA	3. DATE OF BIRTH (Mo. - Day - Year) 5 5 23	4. DATE OF BIRTH (Mo. - Day - Year) 	5. Are you now married? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	6. SEX MALE <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/>	
		4. YOUR MAILING ADDRESS (NUMBER AND STREET) 2619 Gainesville St., N.E., Washington 20, D.C.		(CITY AND ZONE NUMBER) 20		7. Place an "X" in proper box to show your annual basic salary range. UNDER \$6,000 <input type="checkbox"/> \$6,000 TO \$9,999 <input checked="" type="checkbox"/> \$10,000 OR OVER <input type="checkbox"/>		
		8. Are you covered by, or is any family member listed below covered by, or enrolling in, a plan under the Federal Employees Health Benefits Act of 1959 (through the enrollment of another United States or District of Columbia Government employee or annuitant)? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		9. Place an "X" in proper box to show your annual basic salary range. \$4,000 TO \$9,999 <input checked="" type="checkbox"/> \$10,000 OR OVER <input type="checkbox"/>				
PART B FILL IN THIS PART IF YOU WISH TO EN- ROLL IN A HEALTH BENEFITS PLAN.		1. I elect to enroll in a health benefits plan as shown below. I authorize deductions to be made from my salary, compensation, or annuity to cover my share of the cost of the enrollment. (Copy the information received below from inside cover of brochure of the plan you select)				10. OFFICE (HIGH OR LOW): 		11. ENROLLMENT CODE NUMBER
		NAME OF PLAN 		12. In spouse below list all eligible family members without exception. List your wife or husband first, then your unmarried children under age 19, including legally adopted children, and stepchildren and illegitimate children who live with you in a regular parent-child relationship. Include also any unmarried child over 19 who became disabled before age 19 and who, because of the disability, is incapable of self support. (Attach a doctor's certificate for a disabled child age 19 or over).		13. DATE OF BIRTH (Month, Day, Year) 		14. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		15. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		16. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		17. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		18. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		19. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		20. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		21. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		22. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		23. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		24. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		25. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		26. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		27. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		28. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		29. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		30. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		31. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		32. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		33. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		34. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		35. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		36. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		37. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		38. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		39. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		40. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		41. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		42. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		43. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		44. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		45. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		46. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		47. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		48. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		49. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		50. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		51. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		52. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		53. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		54. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		55. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		56. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		57. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		58. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		59. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		60. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		61. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		62. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		63. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		64. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		65. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		66. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		67. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		68. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		69. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		70. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		71. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		72. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		73. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		74. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		75. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		76. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		77. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		78. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		79. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		80. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		81. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		82. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		83. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		84. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		85. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		86. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		87. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		88. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		89. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		90. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		91. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		92. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		93. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		94. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		95. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		96. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		97. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		98. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		99. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		100. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		101. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		102. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		103. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		104. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		105. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		106. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		107. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		108. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		109. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		110. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		111. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		112. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		113. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		114. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		115. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		116. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		117. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		118. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		119. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		120. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		121. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		122. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		123. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		124. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		125. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		126. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		127. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		128. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		129. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		130. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		131. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		132. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		133. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		134. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		135. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		136. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		137. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		138. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		139. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		140. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		141. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		142. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		143. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		144. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		145. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		146. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		147. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		148. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		149. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		150. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		151. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		152. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		153. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		154. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		155. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		156. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		157. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		158. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		159. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		160. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		161. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		162. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		163. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		164. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		165. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		166. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		167. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		168. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		169. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		170. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		171. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		172. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		173. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		174. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		175. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		176. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		177. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		178. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		179. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		180. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		181. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		182. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		183. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		184. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		185. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		186. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		187. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		188. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		189. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		190. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		191. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		192. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		193. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		194. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		195. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		196. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		197. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		198. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		199. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		200. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		201. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		202. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		203. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		204. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		205. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		206. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		207. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		208. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		209. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		210. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		211. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		212. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		213. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		214. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		215. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		216. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		217. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		218. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		219. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		220. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		221. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		222. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		223. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		224. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		225. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		226. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		227. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		228. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		229. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		230. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		231. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		232. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		233. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		234. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		235. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		236. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		237. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		238. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		239. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		240. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		241. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		242. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		243. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		244. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		245. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		246. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		247. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		248. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		249. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		250. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		251. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		252. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		253. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		254. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		255. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		256. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		257. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		258. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		259. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		260. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		261. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		262. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		263. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		264. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		265. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		266. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		267. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		268. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		269. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		270. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		271. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		272. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		273. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		274. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		275. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		276. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		277. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		278. NAMES OF FAMILY MEMBERS (NAME, DOB, REL)
		NAME OF PLAN 		279. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		280. NAMES OF FAMILY MEMBERS (NAME, DOB, REL) 		

Delicate -- to Employing Office

STANDARD FORM 61
REVISED MARCH 1952
U. S. CIVIL SERVICE COMMISSION
F. P. M. CHAPTER A8

APPOINTMENT AFFIDAVITS

IMPORTANT.—Before swearing to these appointment affidavits, you should read and understand the attached information for appointee

CENTRAL INTELLIGENCE AGENCY

Washington, D.C.

(Department or agency)

(Bureau or division)

(Place of employment)

I, Anna Tarasoff, do solemnly swear (or affirm) that—

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, SO HELP ME GOD.

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I knowingly a member of any organization that advocates the overthrow of the constitutional form of the Government of the United States, or which seeks by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) that I will not so advocate, nor will I knowingly become a member of such organization during the period that I am an employee of the Federal Government or any agency thereof.

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof. I do not and will not assert the right to strike against the Government of the United States or any agency thereof while an employee of the Government of the United States or any agency thereof. I do further swear (or affirm) that I am not knowingly a member of an organization of Government employees that asserts the right to strike against the Government of the United States or any agency thereof and I will not, while an employee of the Government of the United States or any agency thereof, knowingly become a member of such an organization.

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing such appointment.

E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE

The answers given in the Declaration of Appointee on the reverse of this form are true and correct.

8 Apr 1957
(Date of entrance on duty)

Anna Tarasoff
(Signature of Appointee)

Subscribed and sworn before me this 8th day of April A. D. 1957,
at Washington, D.C.
(City) (State)

[SEAL]

John J. Kline
(Signature of Office)
Appointment Clerk
(Title)

NOTE.—If the oath is taken before a Notary Public the date of expiration of his commission should be shown.

DECLARATION OF APPOINTEE

This form is to be completed before entrance on duty. Answer all questions. Admitted unfavorable information about such matters as arrests or discharges will be considered together with the favorable information in your record in determining your present fitness for Federal employment. However, a false statement or dishonest answer to any question may be grounds for dismissal after appointment and is punishable by law.

1. PRESENT ADDRESS (street and number, city and State)

3519 GROSVILLE ST. SE WASH. D.C.

2. (A) DATE OF BIRTH

5-5-39

(B) PLACE OF BIRTH (city and State or city and foreign country)

CLEVELAND OHIO

3. (A) IN CASE OF EMERGENCY, PLEASE NOTIFY

RONIS J THOMSOFF

(B) RELATIONSHIP

HUSBAND

(C) STREET AND NUMBER, CITY AND STATE

3519 GROSVILLE ST. SE DC 20530

(D) TELEPHONE NO.

DC 4-1380

4. DOES THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (EITHER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS? YES NO

If so, for each such relative fill in the blank below. If additional space is necessary, complete under Item 12.

NAME	POST OFFICE ADDRESS (Give street number, if any)	APPOINTMENT IS TEMPORARY OR NOT (D) DEPARTMENT OR AGENCY IN WHICH EMPLOYED	RELATIONSHIP	MAR. RIED (Check one)	SIM. GLE (Check one)
LONIS J. THOMSOFF	3519 GROSVILLE ST. SE	1. 3519 GROSVILLE ST., 2. 3. 4. 5.	Wife	X	

INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN

YES

NO

INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN

YES

NO

5. (A) ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA, OR (B) AS A NATIVE OF AMERICAN SAMOA DO YOU OWE ALLEGIANCE TO THE UNITED STATES OF AMERICA?

X

6. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY?

X

If your answer to "Yes," give details in Item 12.

7. DO YOU RECEIVE OR HAVE YOU APPLIED FOR AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT, UNDER ANY RETIREMENT ACT OR ANY PAYMENT OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE?

X

If your answer is "Yes," give details in Item 12.

8. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT, HAVE YOU BEEN ARRESTED, CHARGED, OR HELD BY FEDERAL, STATE, OR OTHER LAW ENFORCEMENT AUTHORITIES, FOR ANY VIOLATION OF ANY FEDERAL LAW, STATE LAW, COUNTY OR MUNICIPAL LAW, REGULATION OR ORDINANCE? (DO NOT INCLUDE TRAFFIC VIOLATIONS IN WHICH A FINES \$50 OR LESS WAS IMPOSED; ALL OTHER CHARGES MUST BE INCLUDED, EVEN IF THEY WERE DISMISSED.)

X

If your answer is "Yes," give in Item 12 for each case: (1) approximate date, (2) charge, (3) place, (4) action taken.

9. SINCE YOU FILLED APPLICATION RESULTING IN THIS APPOINTMENT, HAVE YOU BEEN BAILED BY THE U. S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATIONS OR ACCEPTING CIVIL SERVICE APPOINTMENTS?

X

If your answer is "Yes," give details in Item 12.

If your answer is "Yes," give dates of and reasons for such debarment in Item 12.

10. (A) HAVE YOU EVER FILED A WAIVER OF LIFE INSURANCE COVERAGE UNDER THE FEDERAL EMPLOYEES' GROUP LIFE INSURANCE ACT?

YES

NO

X

(B) IF YES, HAVE YOU FILED SUCH A WAIVER, HAS IT BEEN CANCELED OR REVOKED?

X

11. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT:

A. HAVE YOU BEEN DISCHARGED FROM EMPLOYMENT BECAUSE:

(1) YOUR CONDUCT WAS NOT SATISFACTORY?

(2) YOUR WORK WAS NOT SATISFACTORY?

B. HAVE YOU RESIGNED AFTER OFFICIAL NOTIFICATION THAT:

(1) YOUR CONDUCT WAS NOT SATISFACTORY?

(2) YOUR WORK WAS NOT SATISFACTORY?

C. HAVE YOU BEEN DISCHARGED FROM THE ARMED SERVICES UNDER OTHER THAN HONORABLE CONDITIONS?

If your answer to A, B, or C is "Yes," give details in Item 12 as clearly as you can remember, including the name and address of employer, approximate date, and reasons in each case.

X

X

12. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS (Indicate item numbers to which answers apply.)

ITEM NO.	ITEM NO.	ITEM NO.	ITEM NO.

INSTRUCTIONS TO APPOINTING OFFICER.—You must determine that this appointment would be in conformance with the Civil Service Act, applicable Civil Service Rules and Regulations, and acts of Congress pertaining to appointment. This form should be checked for holding of office, pension, any record of recent discharge or arrest, age, citizenship, and members of family. Also, to establish the identity of the appointee, you should particularly check (1) his signature and handwriting against the application and/or other pertinent papers and (2) his physical appearance against the medical certificate.

STANDARD FORM 144
REVISED SEPTEMBER 1964
U. S. CIVIL SERVICE COMMISSION
FPM CHAPTERS 11, 12, AND 52

**STATEMENT OF PRIOR FEDERAL
CIVIL AND MILITARY SERVICE
AND DETERMINATION OF COMPETITIVE STATUS**

IMPORTANT: The information on this form will be used (1) in determining creditable service for leave purposes and retention credits for reduction in force, and (2) in recording agency determination of competitive status. The employee should complete Part I and the Personnel Office should complete Parts II through V.

PART I—EMPLOYEE'S STATEMENT									PART II—THIS COLUMN IS FOR PERSONNEL OFFICE USE		
1. NAME (Last, first, middle initial)				2. DATE OF BIRTH					9. RETENTION GROUP		
<i>TARASCEFF, Paul</i>				<i>5-5-29</i>							
3. LIST THE FOLLOWING INFORMATION CONCERNING ALL FEDERAL AND DISTRICT OF COLUMBIA SERVICE YOU HAVE HAD PRIOR TO YOUR PRESENT APPOINTMENT (Do not include military service.)									10. A. CSC STATUS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
NAME AND LOCATION OF AGENCY		FROM—			TO—			TYPE OF APPOINTMENT IF KNOWN	11. SERVICE		
		YEAR	MONTH	DAY	YEAR	MONTH	DAY		YEAR	MONTH	DAY
<i>NONE</i>											
4. LIST PERIODS OF ACTIVE SERVICE IN ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES. IF YOU HAD NO ACTIVE MILITARY SERVICE, WRITE "NONE."									12. TOTAL SERVICE		
BRANCH		FROM—			TO—			DISCHARGE (Hon. or dishon.?)			
		YEAR	MONTH	DAY	YEAR	MONTH	DAY		YEAR	MONTH	DAY
5. DURING PERIODS OF EMPLOYMENT SHOWN IN ITEM 3, DID YOU HAVE A TOTAL OF MORE THAN 6 MONTHS ABSENCE WITHOUT PAY, INCLUDING PERIODS OF MERCHANT MARINE SERVICE, DURING ANY ONE CALENDAR YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF ANSWER IS "YES," LIST FOLLOWING INFORMATION.									13. NONCREDITABLE SERVICE (Leave purposes only):		
TYPE OF KNOWN (LWOP, Furl, Susp, AWOL, Mar. Mar.)		FROM—			TO—			TOTAL YEARS MONTHS DAYS	14. NONCREDITABLE SERVICE (RIF purposes only):		
		YEAR	MONTH	DAY	YEAR	MONTH	DAY		YEARS	MONTHS	DAYS
6. DURING THE FEDERAL SERVICE LISTED IN ITEM 3, DID YOU ACQUIRE A PERMANENT COMPETITIVE CIVIL SERVICE STATUS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If answer is "Yes," in what agency were you employed at the time status was acquired?)									15. REEMPLOYMENT RIGHTS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
7. ARE YOU: A. THE WIFE OF A DISABLED VETERAN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B. THE MOTHER OF A DECEASED OR DISABLED VETERAN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO C. THE UNMARRIED WIDOW OF A VETERAN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									16. RETENTION RIGHTS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
8. TO BE EXECUTED BEFORE A NOTARY PUBLIC OR OTHER PERSONS AUTHORIZED TO ADMINISTER OATHS. I swear (or affirm) that the above statements are true to the best of my knowledge and belief.									17. EXPIRATION DATE OF RETENTION RIGHTS		
<i>April 5, 1957</i> (DATE)									<i>Paul Tarasceff</i> (SIGNATURE)		
Subscribed and sworn to before me on this _____ day of _____ 19____ at _____ (MONTH) (CITY) (STATE)											
SEAL									<i>Paul Tarasceff</i>		
NOTE: If oath is taken before a Notary Public, the date of expiration of his Commission should be shown.											
INSTRUCTIONS: File this form on the permanent side of the employee's official personnel folder immediately before or after the personnel action involved.											

Part III.—DETERMINATION OF COMPETITIVE STATUS. (Complete for noncompetitive hires based on competitive status as required by instructions in FPM Chapter 52.) Employee has a competitive status. This determination is based upon the following evidence:

NAME OF AGENCY	SIGNATURE AND OFFICIAL TITLE	DATE

PART IV.—DETERMINATION OF CREDITABLE SERVICE AND SERVICE COMPUTATION DATE FOR LEAVE PURPOSES

X	TOTAL SERVICE (Item 12)	NONCREDITABLE SERVICE (Item 13)	CREDITABLE SERVICE (Leave Purposes)	ENTRANCE ON DUTY DATE (Present Agency)	LESS CREDITABLE SERVICE (Leave Purposes)	SERVICE COM- PUTATION DATE (Leave Purposes)
Years						51
Months						11
Days				.		8

PART V.—DETERMINATION OF CREDITABLE SERVICE AND SERVICE COMPUTATION DATE FOR REDUCTION IN FORCE PURPOSES. (Complete only in those cases when the amount of creditable service for reduction in force purposes differs from the amount creditable for leave purposes.)

X	TOTAL SERVICE (Item 12)	NONCREDITABLE SERVICE (Item 14)	CREDITABLE SERVICE (RIF Purposes)	ENTRANCE ON DUTY DATE (Present Agency)	LESS CREDITABLE SERVICE (RIF Purposes)	SERVICE COM- PUTATION DATE (RIF Purposes)
Years						
Months						
Days						

* Enter as the "Service Computation Date" on the employee's "Service Record Card," SF 7

REMARKS:

SECRET
(When Filled In)

APR

PERIODIC SUPPLEMENT PERSONAL HISTORY STATEMENT		THIS DATE 6 MAY 1958
INSTRUCTIONS		
<p>This form provides the means whereby your official personnel records will be kept current. Even though it duplicates information you have furnished previously, it will be necessary for you to complete Sections I through VI in their entirety. You need complete Sections VII through XII only if there has been a change since you entered on duty with the organization or if you believe the item requires more complete coverage than you have previously reported.</p>		
SECTION I GENERAL		
<p>1. FULL NAME (Last-First-Middle) TIRASOFF, ANNA</p>		
2. CURRENT ADDRESS (No., Street, City, Zone, State) 2819 Gainesville St. SE, WASH. 20 D.C.		3. PERMANENT ADDRESS (No., Street, City, Zone, State) 2819 Gainesville St. SE, WASH. 20 D.C.
4. HOME TELEPHONE NUMBER 44-9-1880		5. STATE, TERRITORY, POSSESSION OR COUNTRY IN WHICH YOU NOW CLAIM RESIDENCE WASH. D.C.
SECTION II PERSON TO BE NOTIFIED IN CASE OF EMERGENCY		
<p>1. NAME (Last-First-Middle) PREFERABLY RESIDING IN U.S. TIRASOFF, Boris Diniro</p>		2. RELATIONSHIP HIS BROTHER
<p>3. HOME ADDRESS (No., Street, City, Zone, State, Country) 3819 Gainesville St. SE, WASH. 20 D.C.</p>		
<p>4. BUSINESS ADDRESS (No., Street, City, Zone, State, Country). INDICATE NAME OF FIRM OR EMPLOYER, IF APPLICABLE 2940 E. ST. N.W. WASH. D.C.</p>		
5. HOME TELEPHONE NUMBER 44-9-1880		6. BUSINESS TELEPHONE NUMBER 613-6115 EX. 551
<p>7. BUSINESS TELEPHONE EXTENSION EX. 551</p>		
<p>8. IN CASE OF EMERGENCY, OTHER CLOSE RELATIVES (Spouse, Mother, Father) MAY ALSO BE NOTIFIED. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE. MR. & MRS. T. HAMMANN 13810 DENVER AVE. CLEVELAND 5 OHIO</p>		
SECTION III MARRITAL STATUS		
<p>1. CHECK (A) ONE: <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> ANNULLED</p>		
<p>2. FURNISH DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS 1950 O.A. CURIE</p>		
<p>SPOUSE: If you have been married more than once, including annulments, use a separate sheet for former wife or husband giving data below for all previous marriages. If marriage is contemplated, provide same data for fiance.</p>		
<p>3. NAME (First) (Middle) (Last) Boris Diniro TIRASOFF</p>		
4. DATE OF MARRIAGE 3-10-45		5. PLACE OF MARRIAGE (City, State, Country) CLEVELAND OHIO
6. ADDRESS OF SPOUSE BEFORE MARRIAGE (No., Street, City, State, Country) 620 W. 141 ST. NEW YORK N.Y.		
7. LIVING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. DATE OF DEATH 1950
9. CAUSE OF DEATH CODED FOR PRINTING		
10. CURRENT ADDRESS (Give last address, if deceased) 2819 Gainesville St. SE, WASH. 20 D.C.		
11. DATE OF BIRTH 2 NOV 1908		12. PLACE OF BIRTH (City, State, Country) EXATERINSKAY AV., RUSSIA
13. IF BORN OUTSIDE U.S.-DATE OF ENTRY Oct. 1923		14. PLACE OF ENTRY NEW YORK, N.Y.
15. CITIZENSHIP (Country) U.S.A.		16. DATE ACQUIRED JUNE 22, 1936
17. OCCUPATION FOREIGN DOCUMENTS OFFICER		18. PRESENT EMPLOYER (Also give former employer, or if spouse is deceased or unemployable, last two employers) BLUE MANGEL CLUB (Cyrus)
20. EMPLOYER'S OR BUSINESS ADDRESS (No., Street, City, State, Country) 2930 E. ST. N.W. WASH. D.C.		
SECTION III CONTINUED TO PAGE 2		

SECRET

(Data Padded Out)

SECTION III CONTINUED FROM PAGE 1

21. DATES OF MILITARY SERVICE OF SPOUSE (FROM AND TO) BY MONTH AND YEAR <i>FEB. 3 1941 — Oct. 20 1979</i>			
22. BRANCH OF SERVICE <i>U.S. ARMY</i>		23. COUNTRY WITH WHICH MILITARY SERVICE AFFILIATED <i>El Salvador</i>	
24. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN			
<i>ENTERED ON DUTY WITH GIA FEB. 20, 1956</i>			
● SECTION IV RELATIVES BY BLOOD, MARRIAGE OR ADOPTION LIVING ABROAD OR WHO ARE NOT U.S. CITIZENS			
1. FULL NAME (Last-First-Middle)		2. RELATIONSHIP	
3. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES			
4. CITIZENSHIP (Country)		5. FREQUENCY OF CONTACT	
6. FULL NAME (Last-First-Middle)		7. DATE OF LAST CONTACT	
8. RELATIONSHIP		9. AGE	
9. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES			
10. CITIZENSHIP (Country)		11. FREQUENCY OF CONTACT	
12. FULL NAME (Last-First-Middle)		13. RELATIONSHIP	
14. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		15. DATE OF LAST CONTACT	
16. CITIZENSHIP (Country)		17. FREQUENCY OF CONTACT	
18. FULL NAME (Last-First-Middle)		19. RELATIONSHIP	
20. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		21. DATE OF LAST CONTACT	
22. CITIZENSHIP (Country)		23. FREQUENCY OF CONTACT	
24. SPECIAL REMARKS, IF ANY, CONCERNING THESE RELATIVES			
● SECTION V FINANCIAL STATUS			
1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
2. DO YOU HAVE ANY FINANCIAL INTEREST IN, OR OFFICIAL CONNECTION WITH, NON-U.S. CORPORATIONS OR BUSINESSES OR IN OR WITH U.S. CORPORATIONS OR BUSINESSES HAVING SUBSTANTIAL FOREIGN INTERESTS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YOU HAVE ANSWERED "YES," GIVE COMPLETE DETAILS ON A SEPARATE SHEET AND ATTACH IT IN A SEALED ENVELOPE.			
3. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT, PENSION, OR COMPENSATION FOR MILITARY OR NAVAL SERVICE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
4. IF YOU HAVE ANSWERED "YES" TO QUESTION 3 ABOVE, GIVE COMPLETE DETAILS.			
5. WITHOUT REFERENCE TO YOUR SALARY, STATE OTHER SOURCES OF RECURRENT INCOME NOT INDICATED BY PRECEDING ITEMS.			
SECTION V CONTINUED TO PAGE 3			

SECRET

SECRET

(When Filled In)

SECTION V CONTINUED FROM PAGE 2

6. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS

ADDRESS (City, State, Country)

NAME OF INSTITUTION

AMERICAN NATIONAL BANK OF WASHINGTON

WASHINGTON 20, D.C.

7. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY? YES NO

8. IF YOU HAVE ANSWERED "YES" TO QUESTION 7 ABOVE, GIVE PARTICULARS, INCLUDING COURT AND DATE(S)

CITIZENSHIP

1. COUNTRY OF CURRENT CITIZENSHIP	2. CITIZENSHIP ACQUIRED BY - CHECK (1) ONE:
	<input checked="" type="checkbox"/> BIRTH <input type="checkbox"/> MARRIAGE <input type="checkbox"/> OTHER (Specify)
3. HAVE YOU TAKEN STEPS TO CHANGE YOUR PRESENT CITIZENSHIP? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	4. GIVE PARTICULARS
5. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, INDICATE PRESENT STATUS OF YOUR APPLICATION (First paper, etc.)	

6. SECTION VII EDUCATION						
1. CHECK (1) HIGHEST LEVEL OF EDUCATION ATTAINED						
LESS THAN HIGH SCHOOL GRADUATE	OVER TWO YEARS IN COLLEGE - NO DEGREE					
<input checked="" type="checkbox"/> HIGH SCHOOL GRADUATE	BACHELOR'S DEGREE					
TRADE, BUSINESS, OR COMMERCIAL SCHOOL GRADUATE	GRADUATE STUDY LEADING TO HIGHER DEGREE					
TWO YEARS COLLEGE OR LESS	MASTER'S DEGREE					
2. COLLEGE OR UNIVERSITY STUDY						
NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT	DATES ATTENDED		DEGREE REC'D	DATE REC'D	SEM/GRM HRS. COMPLETED (Specify)
	MAJOR	MINOR	FROM			

3. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL HOURS
		FROM	TO	

4. MILITARY TRAINING (Full time duty in specialized schools such as Ordnance, Intelligence, Communications, etc.)

NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL HOURS
		FROM	TO	

5. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE

SECRET

SECRET

(When filled in)

SECTION X CONTINUED FROM PAGE 8

7. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR (DO NOT SUBMIT COPIES UNLESS REQUESTED). INDICATE TITLE, PUBLICATION DATE, AND TYPE OF WRITING (NON-FICTION, SCIENTIFIC ARTICLES, GENERAL INTEREST SUBJECTS, NOVELS, SHORT STORIES, ETC.)

8. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED

9. LIST ANY PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE

10. LIST ANY PROFESSIONAL, ACADEMIC OR HONORARY ASSOCIATIONS OR SOCIETIES IN WHICH YOU ARE NOW OR WERE FORMERLY A MEMBER. LIST ACADEMIC HONORS YOU HAVE RECEIVED.

SECTION XI ORGANIZATION WORK EXPERIENCE - SINCE LAST COMPLETION OF A PERSONNEL QUALIFICATIONS QUESTIONNAIRE

1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
6-27-57 - 2-28-58	GS 9	CE/SID/PO/ TPE
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
0	INTELLIGENCE CLERK	
6. DESCRIPTION OF DUTIES		

RECENT FILING OF INTELLIGENCE MATERIAL & VARIETY OF CLERICAL DUTIES

1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
3-3-58	GS 9	CE/SID/ PROJECT
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
0	INTELLIGENCE CLERK	
6. DESCRIPTION OF DUTIES		

TRANSLITERATING RECORDS INFORMATION IN ACCORDANCE WITH ENCL. REQUIREMENTS

1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
6. DESCRIPTION OF DUTIES		

1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
6. DESCRIPTION OF DUTIES		

1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
6. DESCRIPTION OF DUTIES		

(Use additional pages if required)

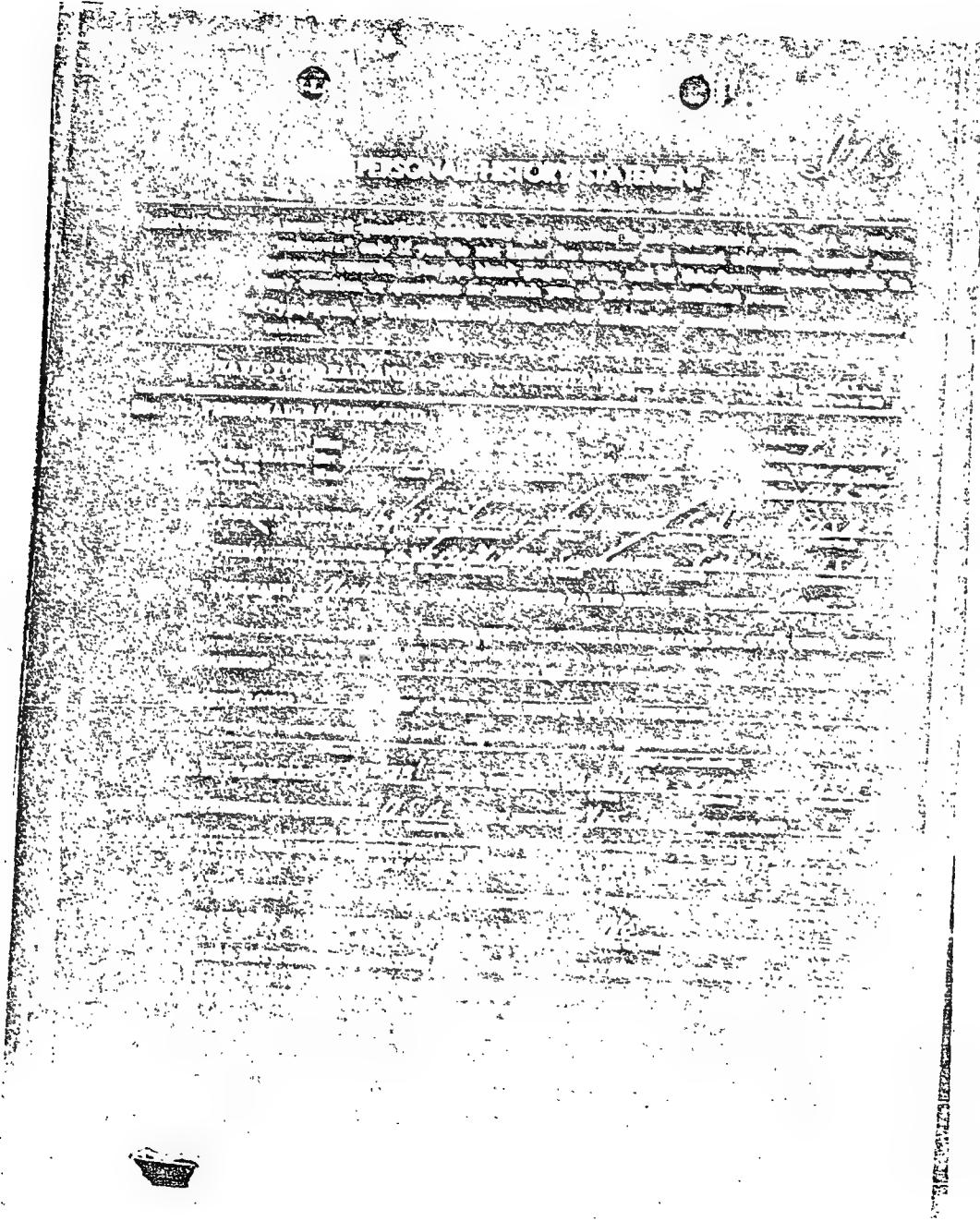
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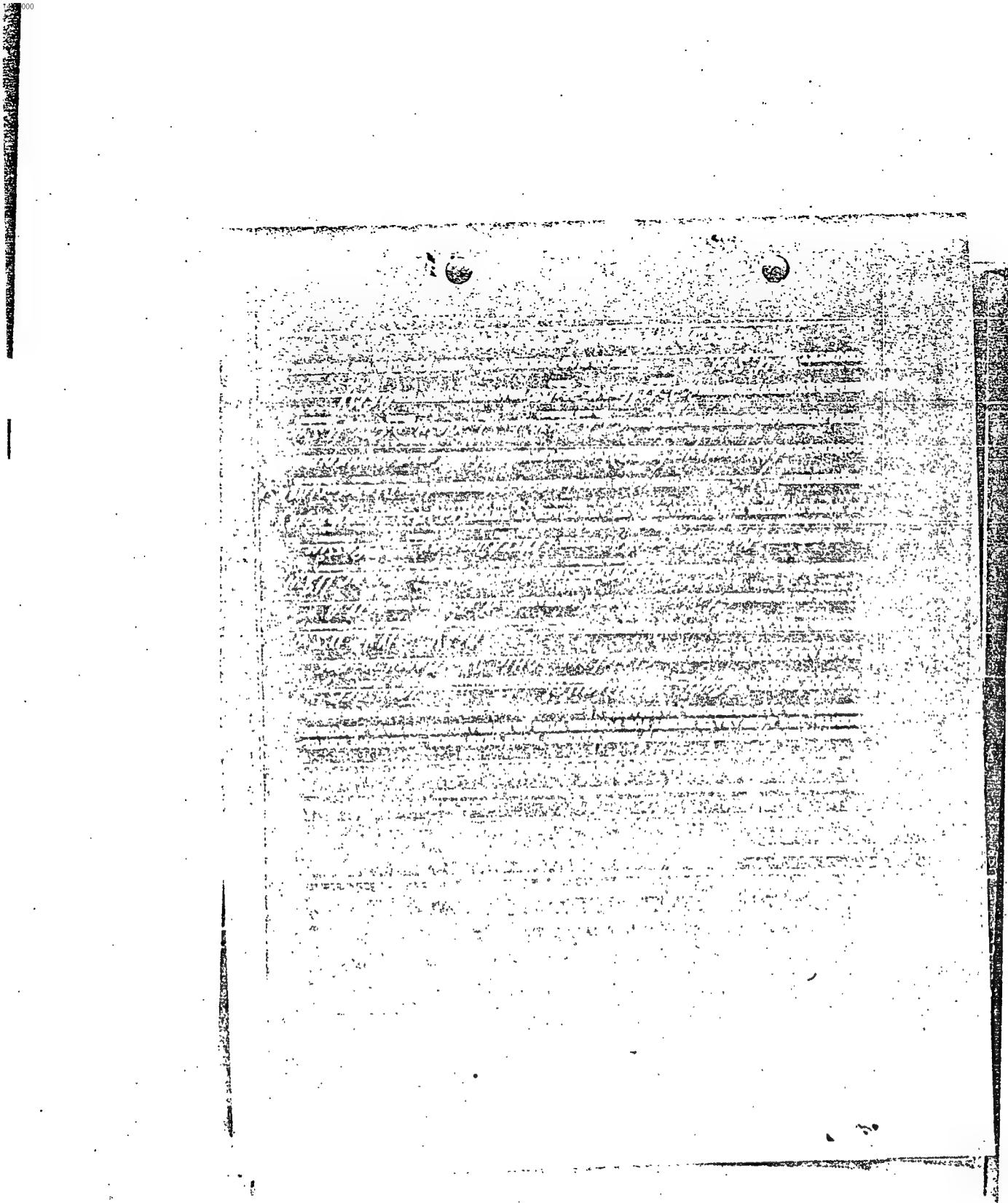
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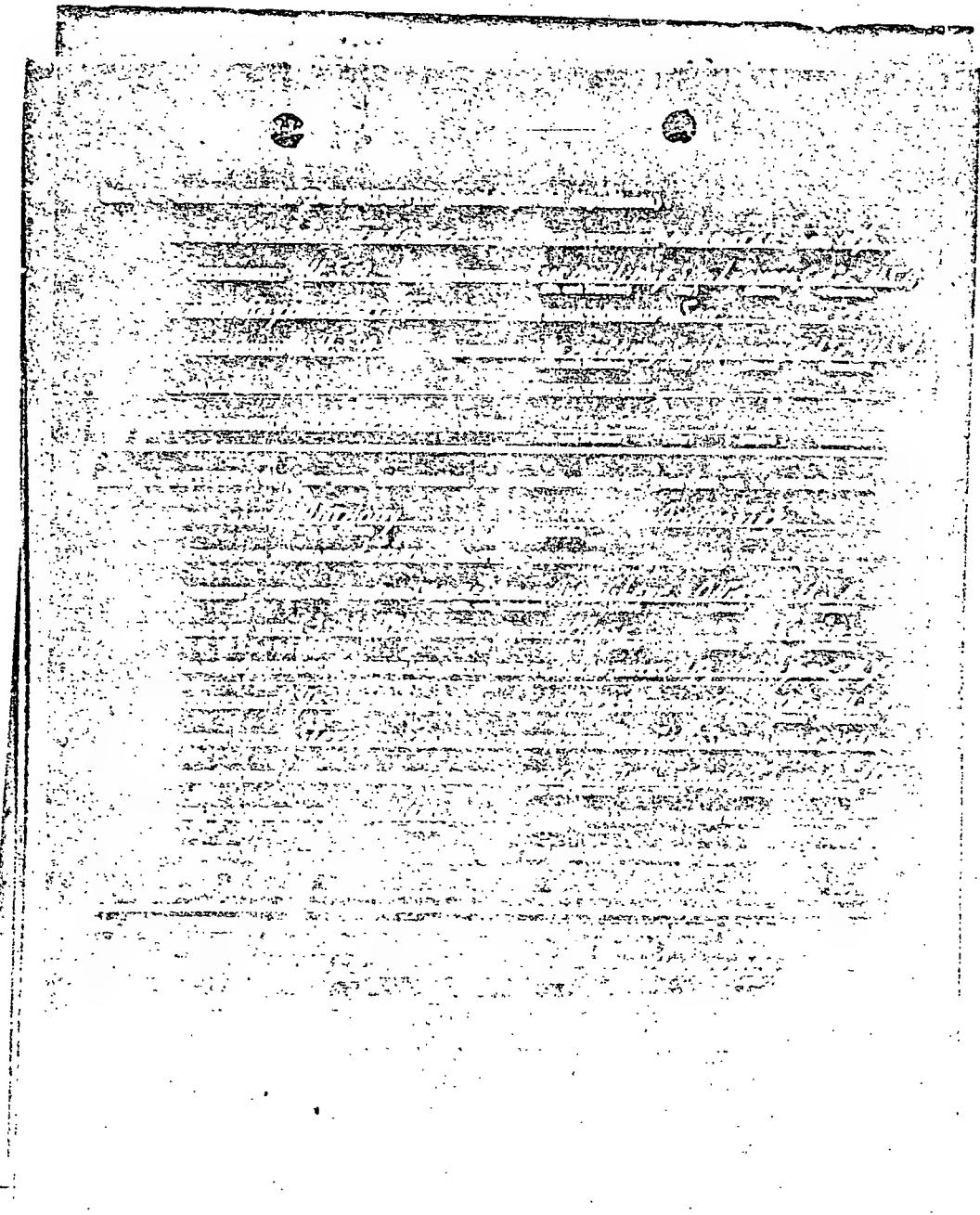
(When Filled In)

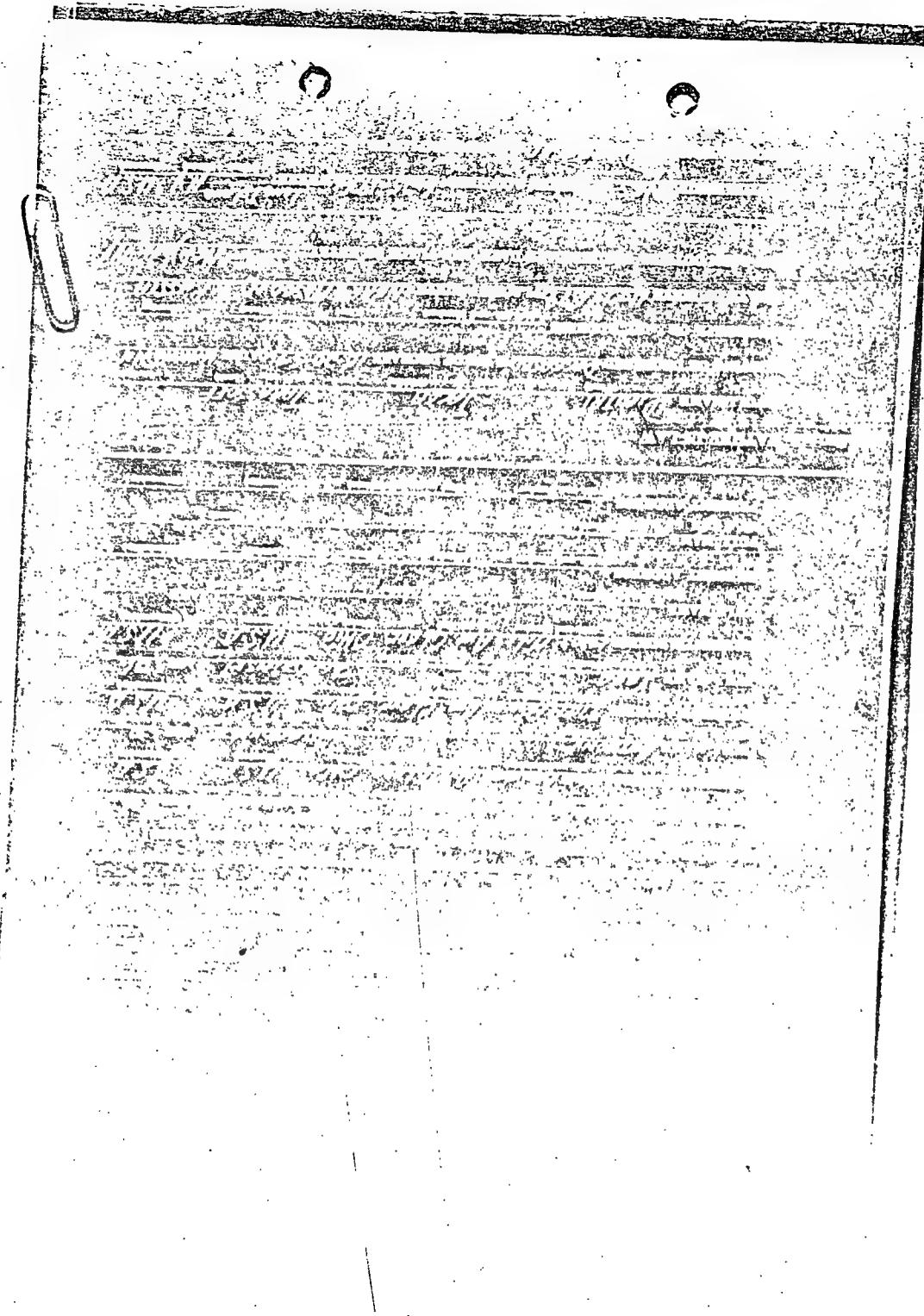
SECTION XII CHILDREN AND OTHER DEPENDENTS					
1. NUMBER OF CHILDREN (INCLUDING STEPCHILDREN AND ADOPTED CHILDREN) WHO ARE UNMARRIED, UNDER 21 YEARS OF AGE, AND ARE NOT SELF-SUPPORTING.			2. NUMBER OF OTHER DEPENDENTS (INCLUDING SPOUSE, PARENTS, STEPARENTS, SIBLINGS, ETC.) WHO DEPEND ON YOU FOR AT LEAST 50% OF THEIR SUPPORT, OR, CHILDREN OVER 21 YEARS OF AGE WHO ARE NOT SELF-SUPPORTING.		
3. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS					
NAME	RELATIONSHIP	YEAR OF BIRTH	SEX M / F	CITIZENSHIP	ADDRESS
BERNARD TARNASOFF	DAUGHTER	21-12-45	/	YES	WASH. D.C. 2819 CHINNOVILLE ST. S.E.
RAYMOND TARNASOFF	SON	20-3-49	/	YES	"
ROBERT TARNASOFF	HUSBAND	2-11-1908	/	YES	"
ADDITIONAL COMMENT, AND/OR CONTINUATION OF PRECEDING ITEMS					
DATE COMPLETED	SIGNATURE OF EMPLOYEE				

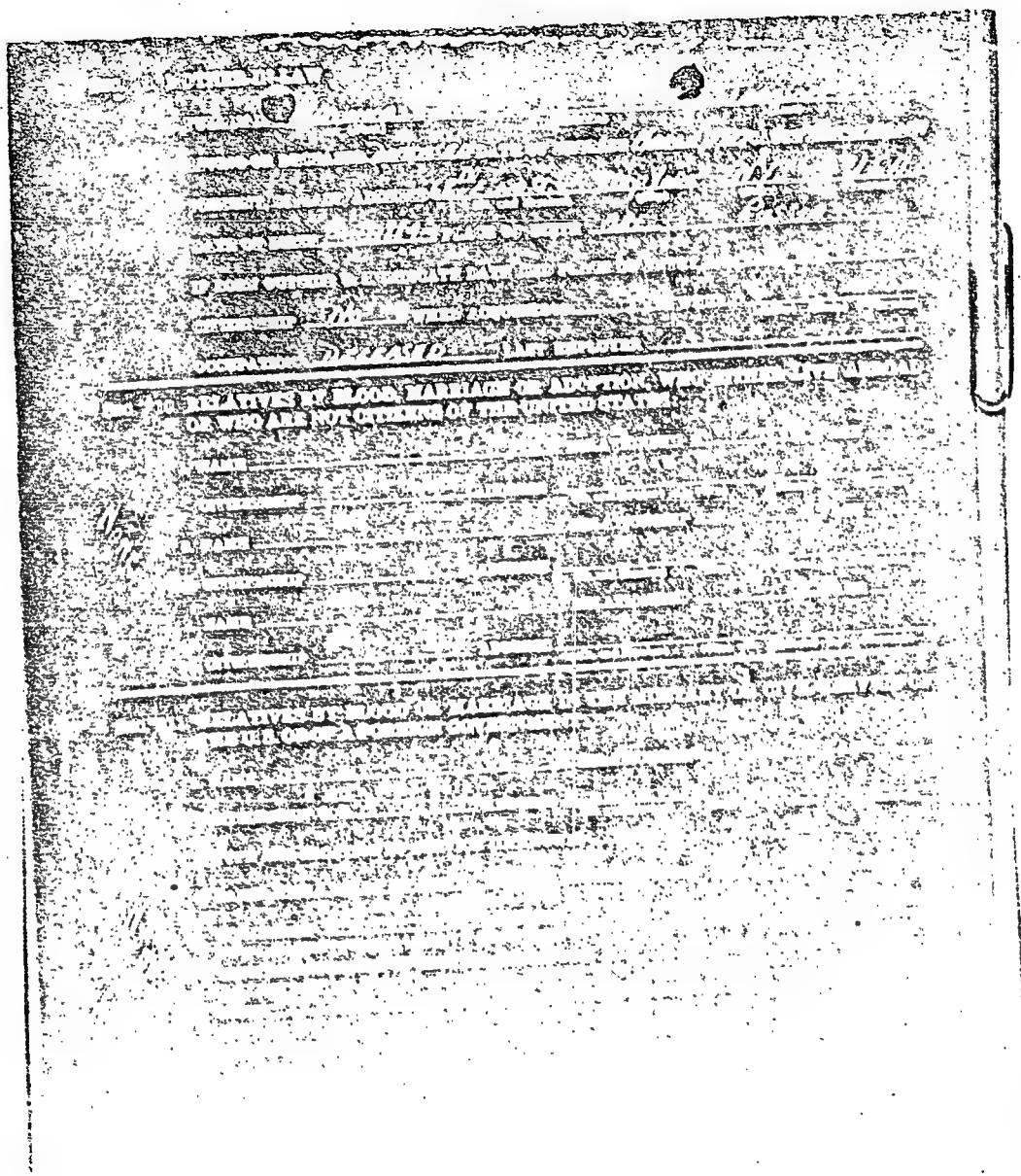
SECRET

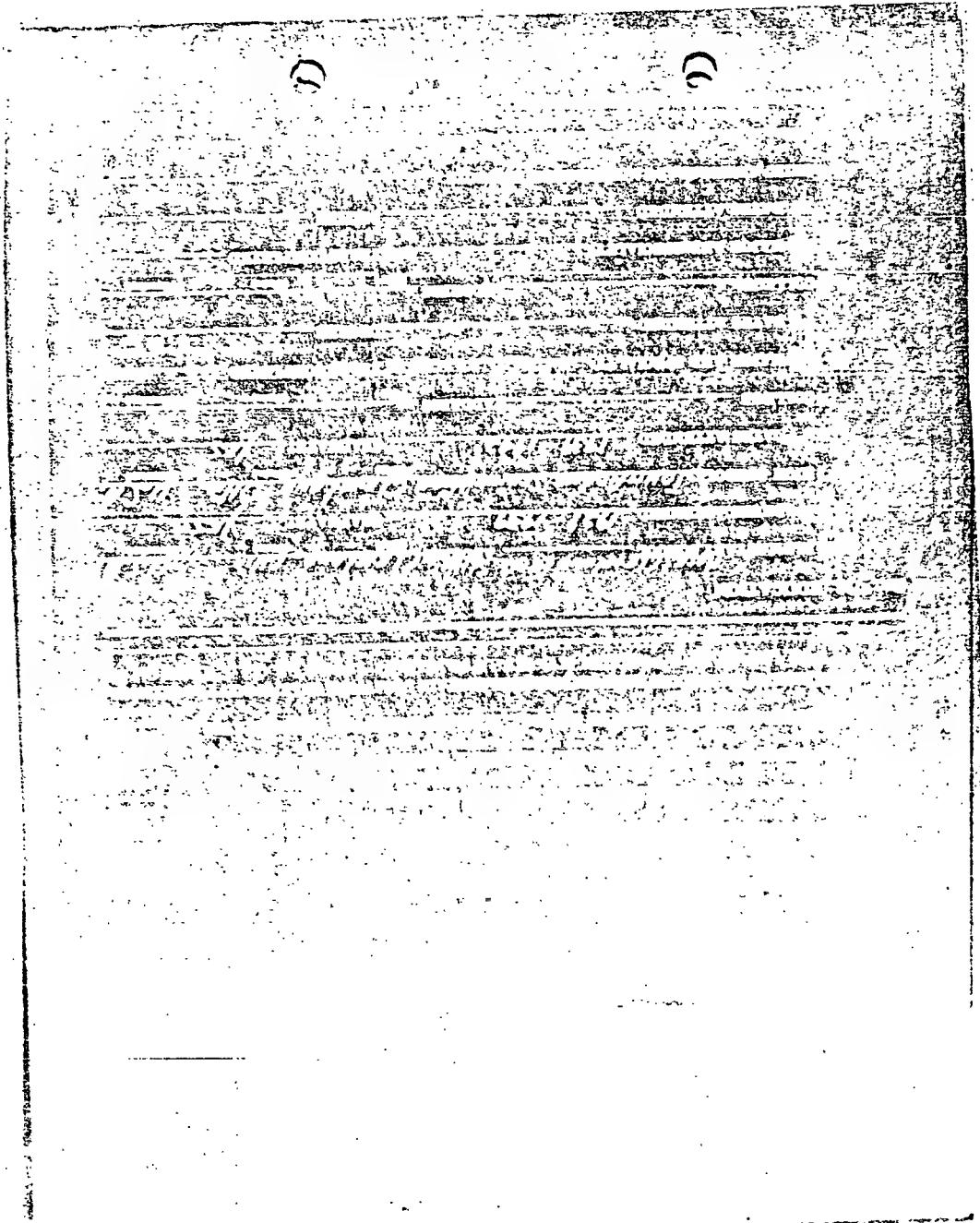


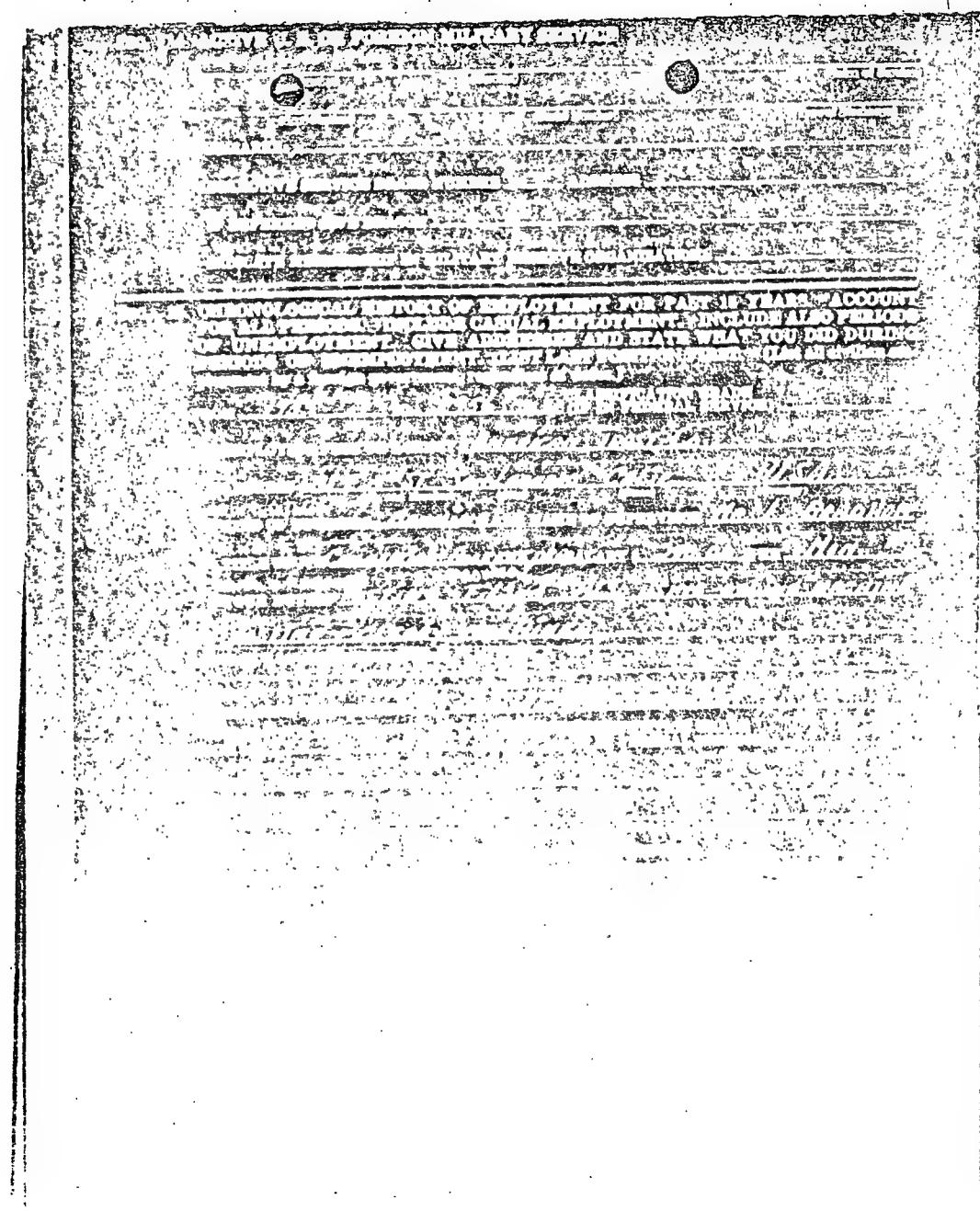


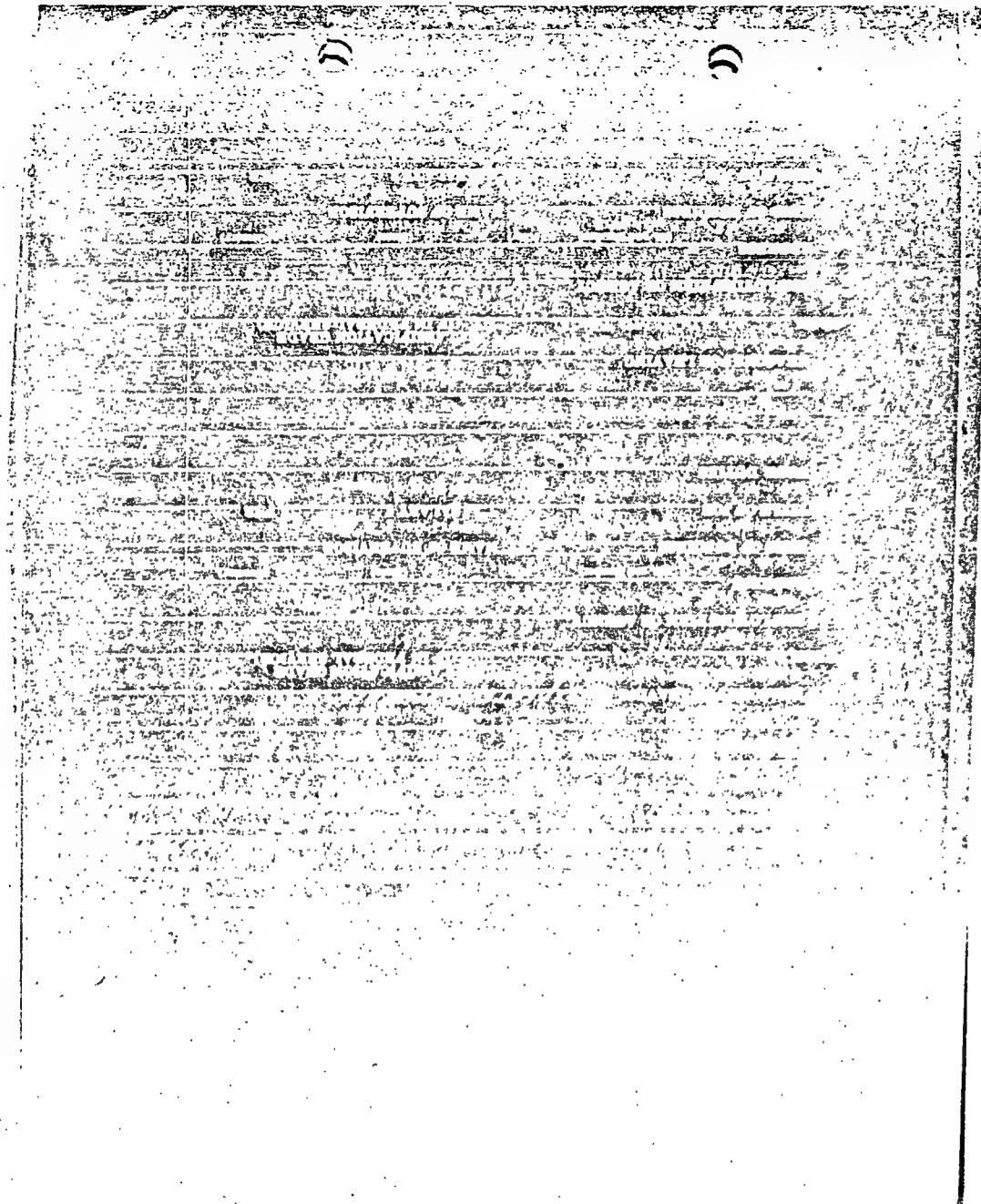


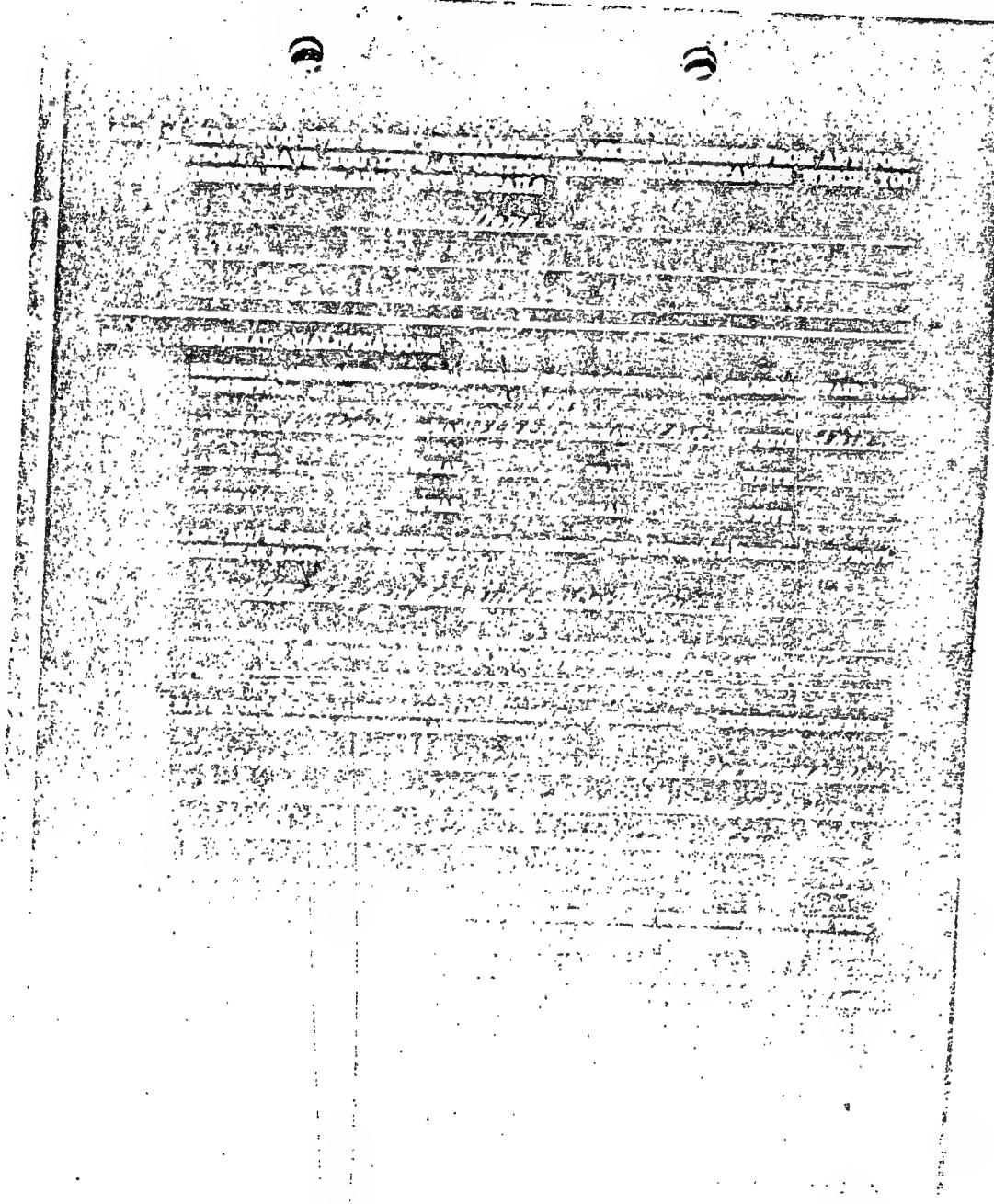


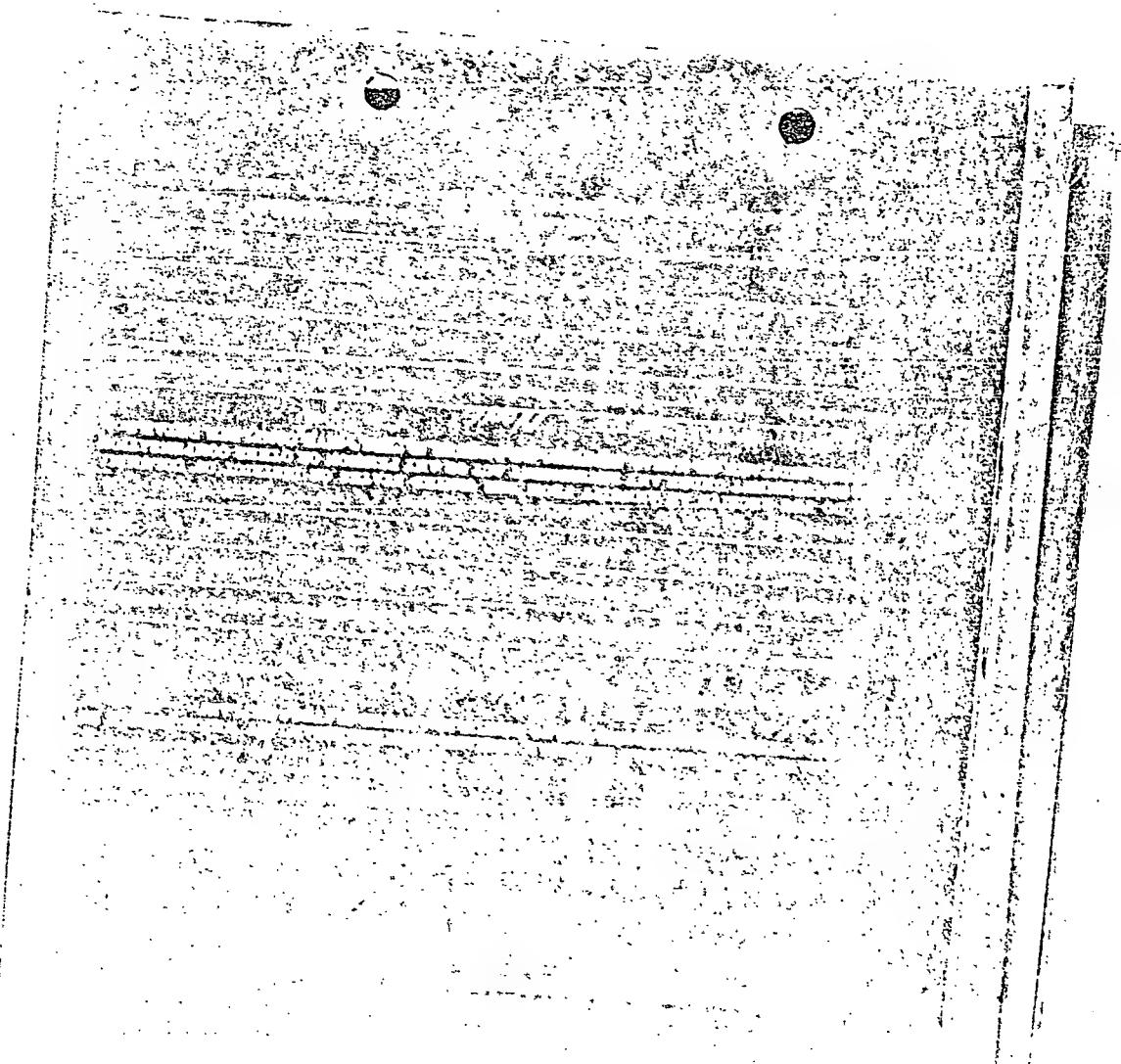


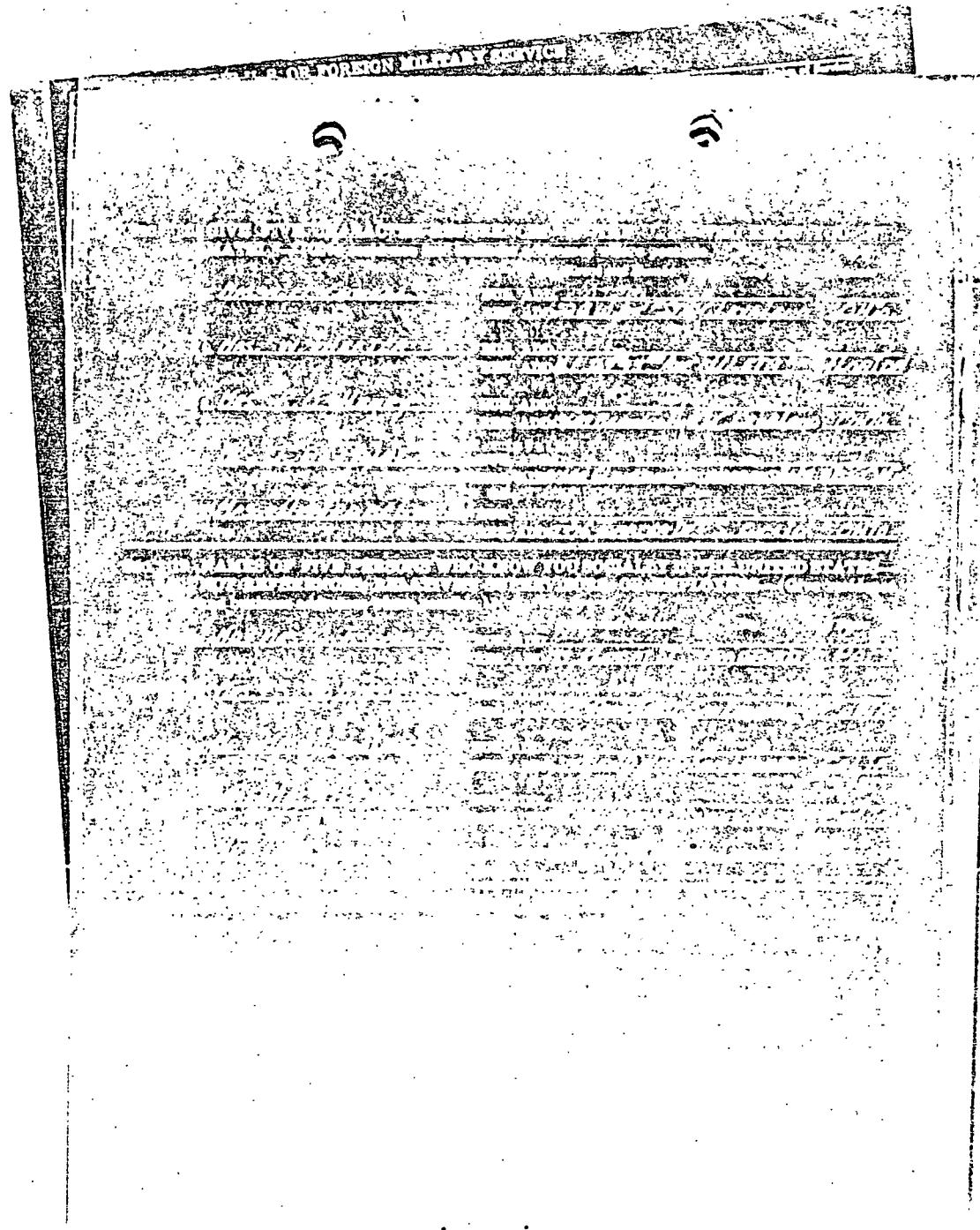


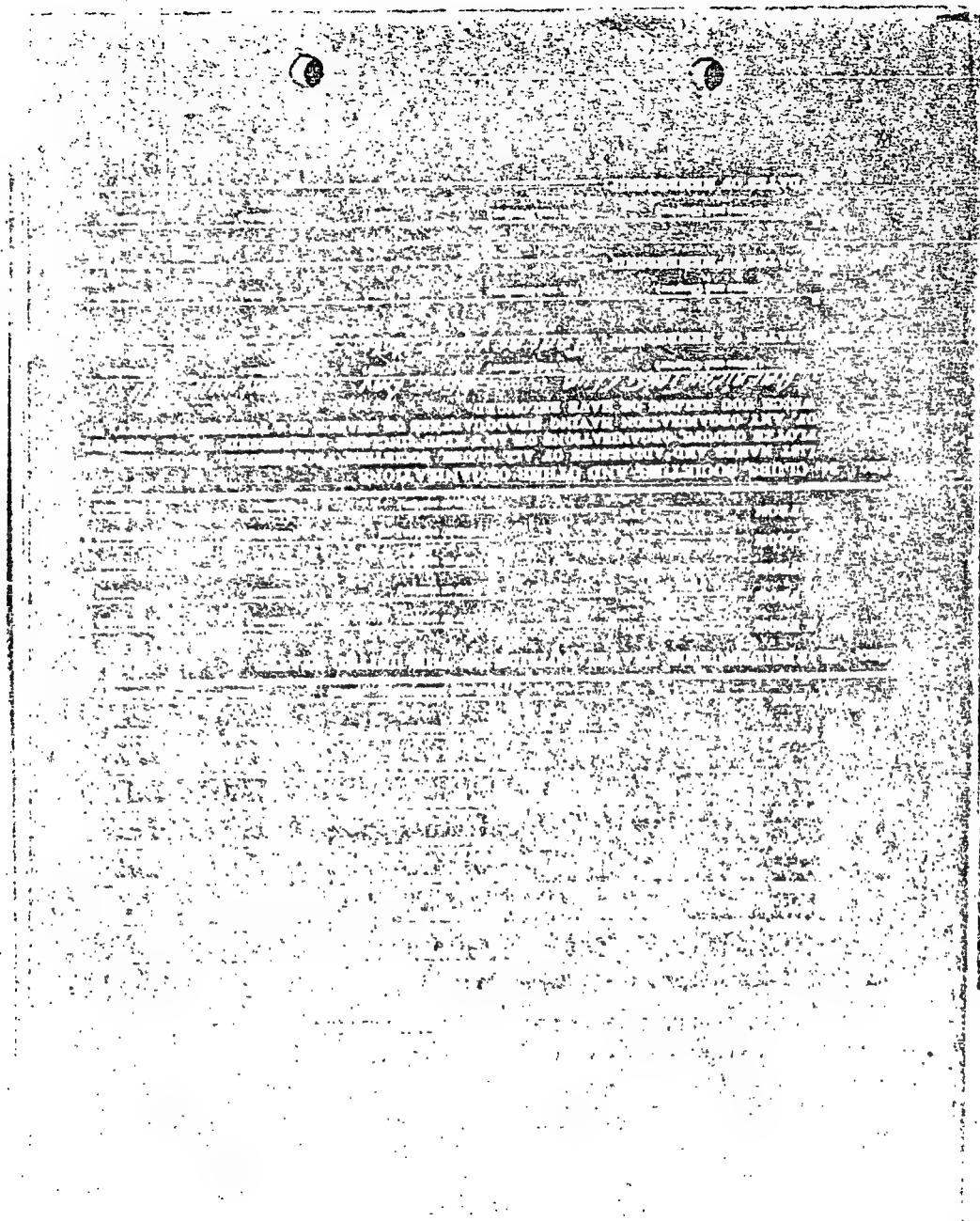


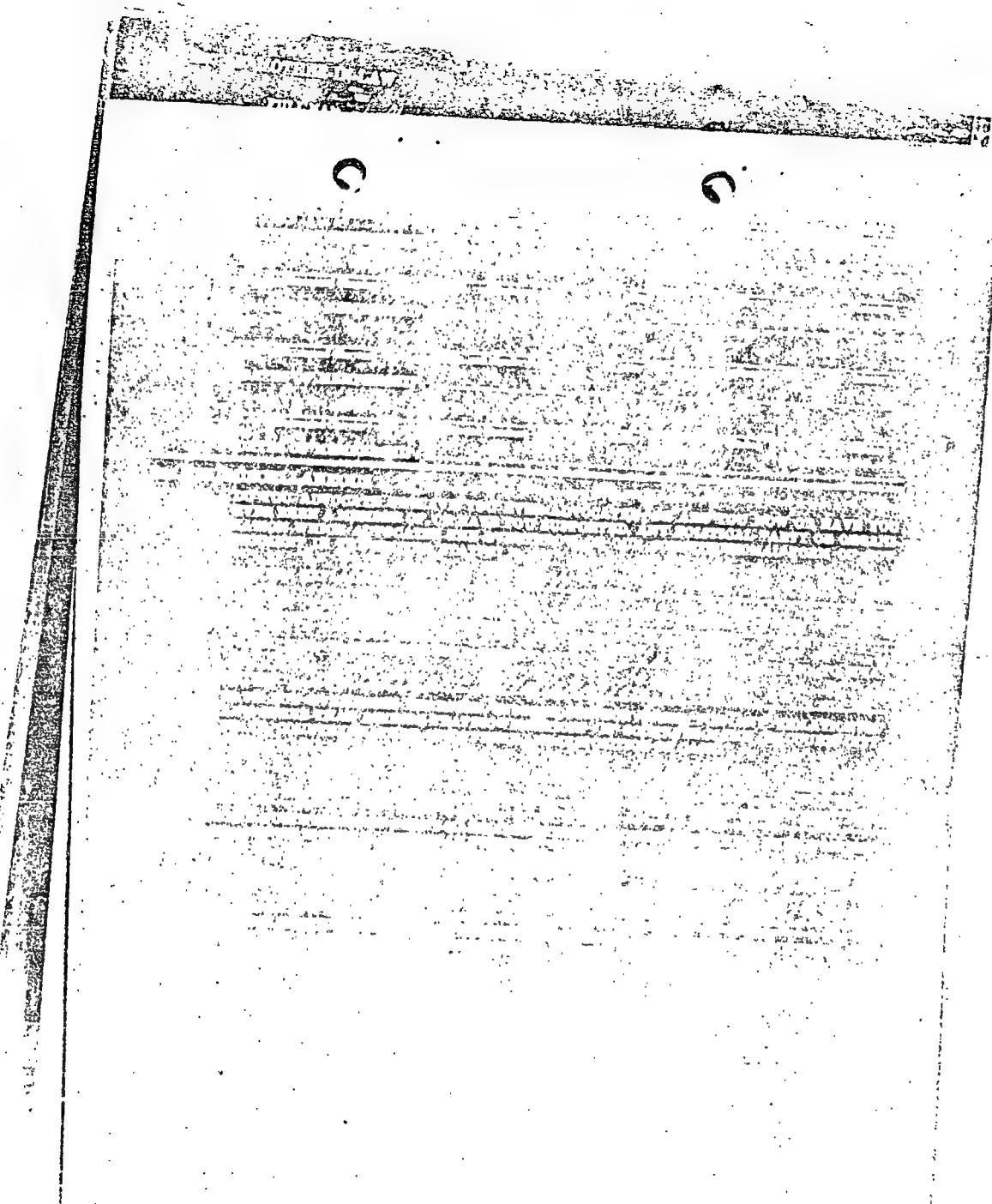


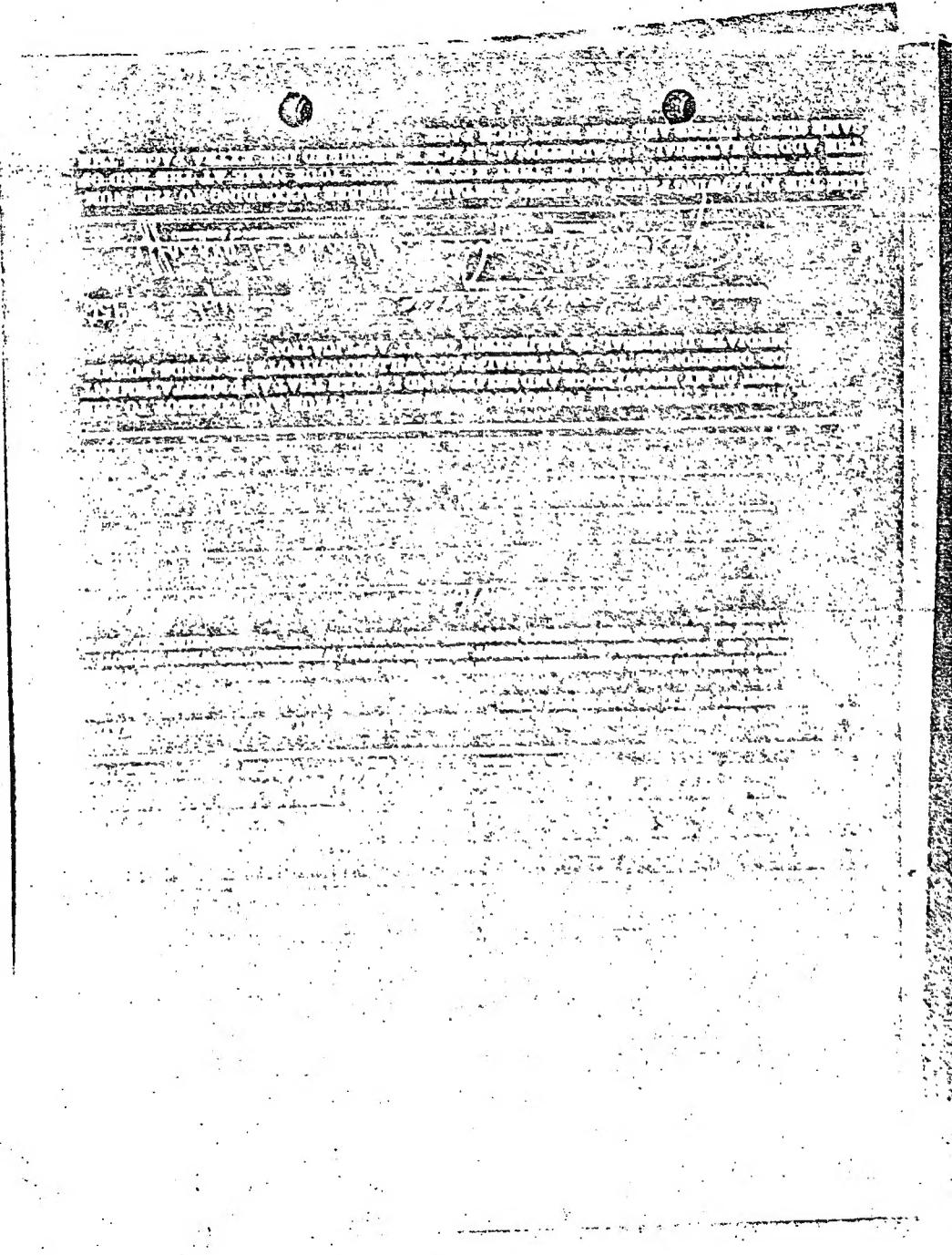












CONFIDENTIAL
SECURITY INFORMATION
SECURITY APPROVAL

Date: 29 May 1957

TO: Chief, Records & Services Division
Personnel Office
FROM: Chief, Security Division
Personnel
SUBJECT: TARASOFF, Anna Adamovics

Your Reference: C-8238 *AS*

Case Number: 131751

1. This is to advise you of security action in the subject case as indicated below:
 - Security approval is granted the subject person for access to classified information.
 - Provisional clearance for full duty with CIA is granted under the provisions of Paragraph D of Regulation 10-9 which provides for a temporary appointment pending completion of full security investigation.
 - The Director of Central Intelligence has granted a provisional clearance for full duty with CIA under the provisions of paragraph H of Regulation 10-9.
2. Unless the subject person enters on duty within 60 days from the above date, this approval becomes invalid.
3. Subject is to be polygraphed as part of EOD procedures.

W. M. Knott
W. M. Knott *u*

See attached
6/7

CONFIDENTIAL

**CONFIDENTIAL
SECURITY INFORMATION
INTEROFFICE MEMORANDUM**

Date: 19 March 1957

TO: Chief, Records and Services Division, OP
Personnel
FROM: Chief, Security Division, OS
SUBJECT: Tarasoff, Anna - #131751

Request No. C-2238

1. Reference is made to your request for security clearance of the subject person who is being considered for employment in the following position:

2. This is to advise you of the following security action:

a. Provisional security clearance is granted to permit subject's employment on a temporary basis in the following area or in the following capacity: Interim Assignment Section

This clearance is granted upon the condition that subject: 1. not have access to classified material; 2. not have access to secure areas; 3. not be issued a badge or credential; 4. not represent himself as a CIA employee; and 5. not be assigned to any unclassified duties other than indicated above.

b. Name-checks have been completed on this person. Arrangements should now be made by your office for an interview in this Division. Upon completion of this interview further consideration will be given to the requested Limited clearance for access to information classified no higher than Secret. If subject has not entered on duty under a previously granted provisional clearance the interview should be arranged after entrance on duty.

c. Subject is security approved for temporary appointment to a position requiring access to information classified no higher than Secret.

Officials of the employing office should be advised of this security limitation and should be instructed to supply future supervisors with advice as to the limitation so as to insure continued compliance.

Security action to effect full approval is continuing and your office will receive advice of full clearance upon completion of this action. Upon receipt of full security clearance, the present limitation will be rescinded and supervisors should be advised accordingly.

3.

W. M. Knott
W. M. KNOTT

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